



CITY OF PLYMOUTH



ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the Year 1955

Recd 20.9.55
By M.B.S.



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MEDICAL OFFICER OF HEALTH

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ANNUAL REPORT

OF THE

STATE OF NEW YORK

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The following members of the City Council and co-opted members served on the under-mentioned Committees during the year:—

HEALTH COMMITTEE

Chairman: Alderman Mrs. J. Marshall.

Vice-Chairman: Councillor Mrs. P. L. F. Colmer.

Councillors: Mrs. E. Broad, T. B. Harvey, Dr. G. H. Miles, Mrs. M. A. Motley, Mrs. L. Newbery, Mrs. A. K. Osborne, Miss E. K. Pryor, R. R. Thornton, P. N. Washbourn, W. J. Wilks.

Two members from the Local Medical Committee: Dr. O. L. Lander, Dr. J. N. Morris.

AMBULANCE SUB-COMMITTEE

Chairman: Alderman Mrs. J. Marshall.

Vice-Chairman: Mr. J. F. Warren.

Councillors: Mrs. E. Broad, P. L. F. Colmer, Dr. G. H. Miles, Mrs. A. K. Osborne, P. N. Washbourn.

Mrs. H. Vellacott, Rev. H. D. Hilliard, Mr. L. Spear representing the Plymouth and District Ambulance Service Committee.

Mr. C. S. C. Prance representing the St. John Ambulance Brigade.

MENTAL HEALTH SUB-COMMITTEE

Chairman: Alderman Mrs. J. Marshall.

Vice-Chairman: Councillor Mrs. P. L. F. Colmer.

Councillors: Mrs. E. Broad, Dr. G. H. Miles, Mrs. A. K. Osborne, P. N. Washbourn.

EDUCATION COMMITTEE

Chairman: Alderman H. J. Perry.

Vice-Chairman: Councillor L. Paul.

Aldermen H. G. Mason, T. H. L. Stanbury, F. J. Stott.

Councillors F. Bartlett, R. Briscoe, T. H. Franklin, A. A. H. Hampton, Mrs. M. Jago, Mrs. M. Jolly, R. G. King, N. W. Lamb, R. Littleton, Mrs. M. A. Motley, Miss E. K. Pryor, G. P. Ross, W. I. Thompson, E. J. Trout, P. N. Washbourn.

Ten members not of the Council: Mrs. F. C. Clements, Rev. W. H. A. Cooper, Mrs. D. Drake, Mrs. I. M. Flett, Rev. W. F. Grey, Mr. J. Jinks, Miss E. M. Leigh, Monsignor M. P. O'Neill, Mr. S. Potter and Mr. H. G. Taylor.

SPECIAL SERVICES SUB-COMMITTEE

(EDUCATION COMMITTEE)

Chairman: Alderman T. H. L. Stanbury.

Councillors F. Bartlett, R. Briscoe, Mrs. M. Jago, R. G. King, R. Littleton and Miss E. K. Pryor.

Mrs. F. C. Clements, Rev. W. H. A. Cooper, Mrs. D. Drake, Mrs. I. M. Flett, Mr. J. Jinks, Monsignor M. P. O'Neill, Mr. S. Potter, Mr. H. G. Taylor.

WELFARE SERVICES COMMITTEE

Chairman: Councillor Miss E. K. Pryor.

Vice-Chairman: Councillor W. J. Wilks.

Alderman Mrs. J. Marshall.

Councillors F. Bartlett, Mrs. E. Broad, Mrs. P. L. F. Colmer, G. F. Drake, L. Ford, Mrs. M. Jolly, N. W. Lamb, Mrs. C. F. Warren, P. N. Washbourn.

HEALTH OFFICERS OF THE AUTHORITY

Medical

*Medical Officer of Health; Port Medical Officer;
Principal School Medical Officer:*

T. PEIRSON, M.D., M.R.C.S., L.R.C.P., D.P.H.

*Deputy Medical Officer of Health;
Deputy Port Medical Officer:*

G. B. CARTER, M.B.E., M.D., D.P.H.

Senior School Medical Officer:

T. H. HARRISON, M.B., Ch.B., D.P.H.

Senior Maternity and Child Welfare Medical Officer:

MARION SMELLIE, M.A., M.B., Ch.B., D.P.H.

Senior Mental Health Medical Officer:

N. R. MATHESON, M.B., Ch.B., C.P.H.

Assistant School Medical Officer:

L. N. TRETHOWAN, M.R.C.S., L.R.C.P.

Assistant Medical Officer of Health—Port and General:

H. B. BOUCHER, M.B., F.R.C.S., D.T.M. & H.

Assistant Maternity and Child Welfare and School Medical Officers:

HERTHA M. TEITZE, M.D. (retired 26.9.55).

T. R. W. FORREST, M.R.C.S., L.R.C.P.

D. S. PARKEN, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H.
(resigned 26.3.55).

ENID ATKINS, M.B., Ch.B., D.C.H. (from 7.11.55).

Senior Chest Physician

(in conjunction with the Regional Hospital Board):

H. T. CHATFIELD, M.C., M.B., D.P.H. (retired 31.7.55).

J. J. Y. DAWSON, M.C., M.D., M.R.C.P., M.R.C.S. (from 1.8.55).

Chest Physician

(in conjunction with the Regional Hospital Board):

R. ST. J. HAROLD, L.R.C.P., and S.I., D.P.H.

Dental

Senior Dental Officer:

R. M. MAYNARD, L.D.S.

Dental Surgeons—School Health and Mothers and Young Children:

J. F. GRAY, L.D.S.

M. S. WIDDUP, L.D.S.

MARY BETTINSON, L.D.S. (resigned 16.11.55).

A. MAUGHAN, M.C., L.D.S. (in conjunction with the Regional Hospital Board).

Other Staff

Chief Sanitary Inspector:

C. E. SANDERSON, F.R.San.I.*†‡

Port Sanitary Inspector:

A. S. KITT.*†

Senior Welfare Services Officer:

H. J. PATERNOSTER, A.I.S.W.

Superintendent Health Visitor:

Miss M. HORNBY, S.R.N., S.C.M., H.V.Cert.

Non-Medical Supervisor of Midwives:

Miss M. CASEY, S.R.N., S.C.M., M.T.D. (resigned 26.8.55).

Non-Medical Supervisor of Midwives and Superintendent of Midwifery:

Mrs. S. K. C. CHATFIELD, R.F.N., S.R.N., S.C.M., M.T.D.
(from 14.11.55).

Superintendent of District Nurses' Home:

Miss D. M. WILLIAMS, S.R.N., S.C.M., M.T.D., H.V.Cert.

Chief Clerk:

C. L. MARSH.

Ambulance Officer:

R. D. SAMPSON, S.B.St.J.

Moral Welfare Officer:

Miss M. C. V. COLLINS.

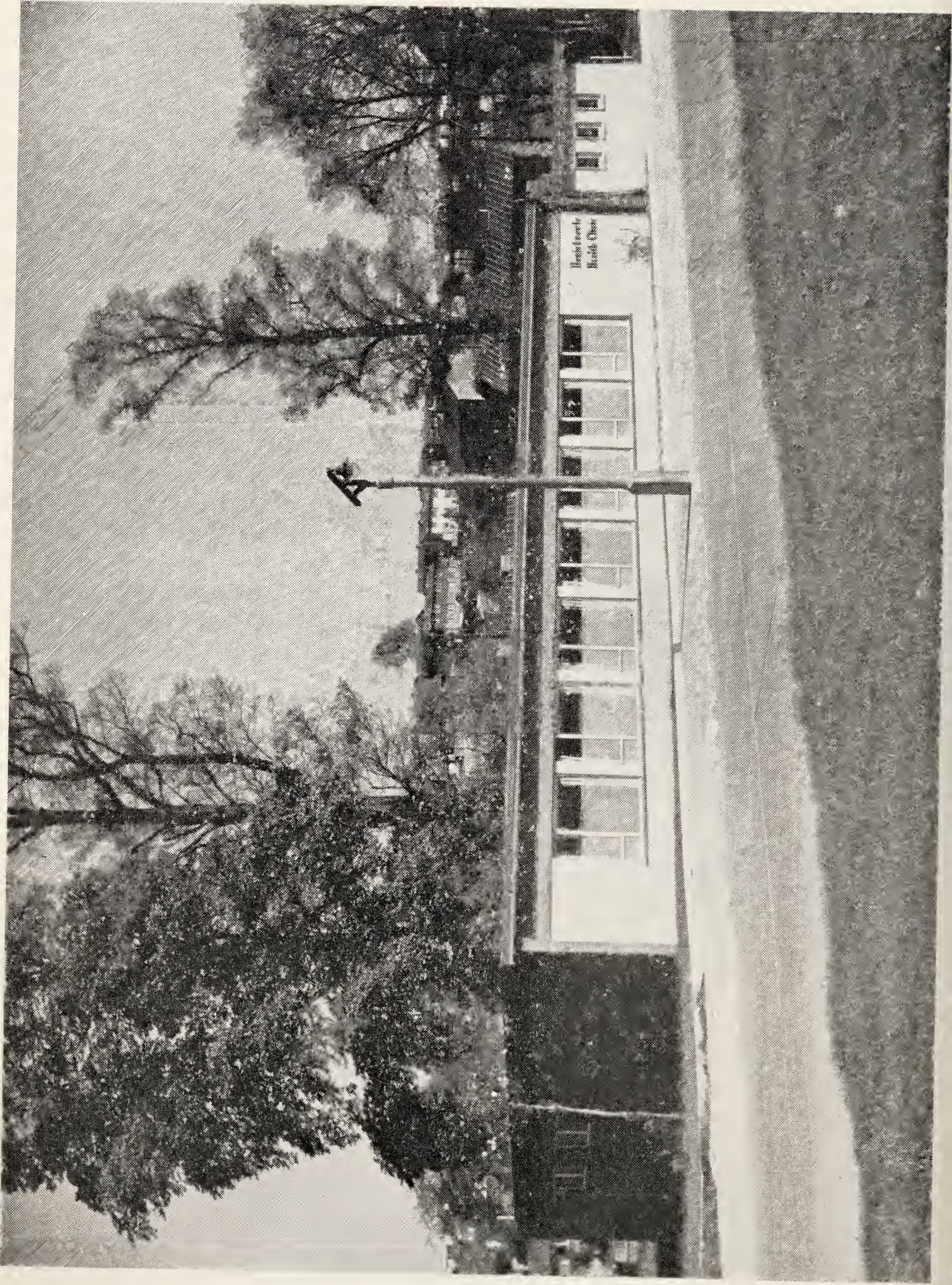
Home Help Organiser:

Mrs. P. NODDER.

* Sanitary Inspector's Certificate.

† Meat Inspector's Certificate.

‡ Sanitary Science Certificate.



TO THE LORD MAYOR, ALDERMEN, AND COUNCILLORS
OF THE CITY OF PLYMOUTH.

I have the honour to present to you my Annual Report on the health of the City of Plymouth for the year 1955.

HOUSING.

The provision of adequate housing accommodation remains the most important health service of the Local Authority and there is none which has a more profound and lasting effect upon the physical and mental health of the community. One of the first essentials of bodily and mental welfare is a happy family life and this at least is difficult in unsatisfactory housing conditions. There are many cases in general and mental hospitals whose trouble is primarily due to the unhappiness and anxiety inevitable with the overcrowded or unsatisfactory dwelling. The Health Committee has had this problem of prevention of family break-up very much in mind in recent months and, as a commencement, a health visitor with a special interest in this work, along with two home helps, have been seconded to help some of these difficult families. Representation of slum areas for clearance has continued during the year and the Council's programme is well advanced. This work has called for particular efforts from a considerably reduced staff of sanitary inspectors.

WELFARE SERVICES.

With the retirement of the Director of Welfare Services, Mr. W. H. Friend, in July 1955, the Council decided to place the Welfare Services Department under the Medical Officer of Health. The health and welfare functions of the Local Authority are, in fact, closely related and this merger should produce more effective results and obviate overlapping. The work of this department, which includes the residential care of the elderly and the welfare of handicapped persons, is described in detail on page 102 of this report.

INFECTIOUS DISEASES.

It has fortunately been an uneventful year for the incidence of infectious diseases generally. I would draw attention to the report of the work done by Dr. Carter on page 80 on the efficacy of immunisation of infants against whooping cough. This kind of field work is invaluable.

With tuberculosis prevention, the emphasis now is on the active search for cases. This is being done in particular amongst contacts of new cases, for example at school or at work as well as in the family. The mass radiography unit is being used increasingly in this way. Another line of search is amongst the families of those school leavers who are found to be Mantoux positive.

MATERNITY AND CHILD WELFARE.

The Infant Mortality Rate for Plymouth was 20.65, comparing with a rate of 24.9 for England and Wales. The first new post-war clinic was opened at Honicknowle and provides for ante-natal, infant welfare, immunisation, and school medical and dental services.

STAFF.

It is with very great regret that I have to record the death of Mr. A. C. Lucas who had given twenty years' service to the Council and who was an experienced duly authorised officer in the mental health section.

I am grateful for the loyal work of all members of the staff of the Health and Welfare Department.

I am, my Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

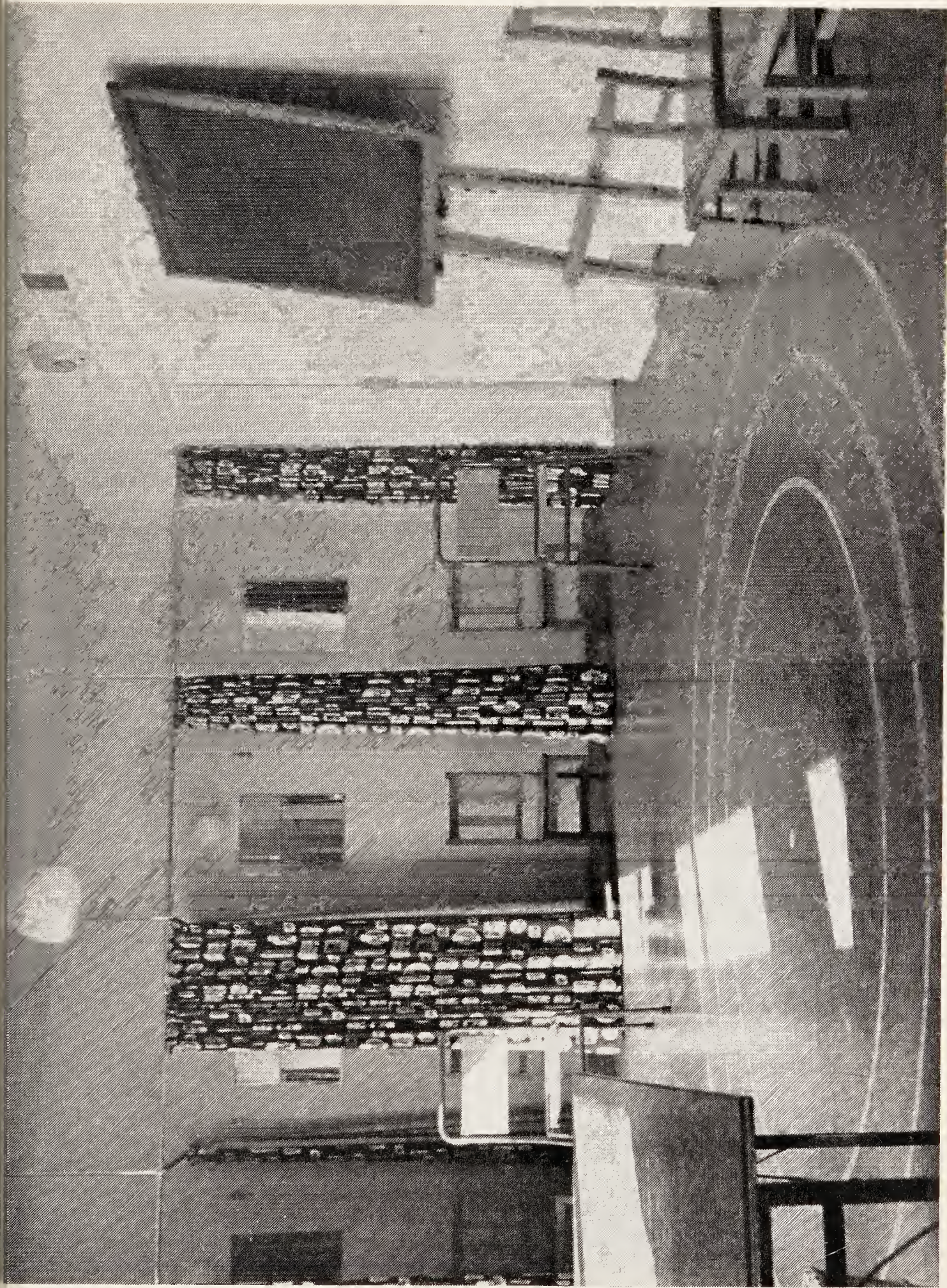
T. PEIRSON.

SEVEN TREES,

LIPSON ROAD,

PLYMOUTH.

July, 1956.



NEW HONICKNOWLE CLINIC



Statistics and Social Conditions of the Area, 1955

Area in acres (Land and Inland Water)	...	...	13,115
Rateable value of the City	...	...	£1,995,710
Sum represented by the penny rate (estimated)	...		£8,249
Registrar-General's estimate of the home population	...		218,000
Number of marriages in the City during 1955	...		1,801
Marriage Rate per 1,000 of estimated home population			8.26
Number of unemployed persons in the City as at 31st December, 1955 :—			

		<i>Age</i>			<i>Total</i>
Men	...	18 and over	...	...	860
Boys	...	15 to 17	...	...	34
Women	...	18 and over	...	...	733
Girls	...	15 to 17	...	...	31
			<i>Total</i>	...	1,658

<i>Live Births</i>	<i>M</i>	<i>F</i>	<i>Total</i>	
Legitimate ...	1,714	1,646	3,360	Birth rate per 1,000
Illegitimate...	90	86	176	of the estimated
	—	—	—	home population
	1,804	1,732	3,536	16.22

<i>Still-Births</i>	<i>M</i>	<i>F</i>	<i>Total</i>	
Legitimate ...	38	29	67	Still-Birth rate per
Illegitimate...	1	5	6	1,000 total (live
	—	—	—	and still) births
	39	34	73	20.22

<i>Deaths under one year</i>	<i>M</i>	<i>F</i>	<i>Total</i>	
Legitimate ...	41	29	70	Death rate of in-
Illegitimate...	3	—	3	fants under one
	—	—	—	year per 1,000
	44	29	73	live births
				20.65

<i>All Deaths</i>	<i>M</i>	<i>F</i>	<i>Total</i>	Death rate per 1,000 of estimated home population 10.93
	1,246	1,138	2,384	

Death Rate of Infants under one year of age:

All infants per 1,000 live births (Total Deaths 73) ...	20.65
Legitimate infants per 1,000 Legitimate live births (70)	20.84
Illegitimate infants per 1,000 Illegitimate live births (3)	17.04

Deaths from Puerperal Causes (heading 30 of the Registrar General's Short list):

Pregnancy, Childbirth and Abortion

					<i>Rate per 1,000 total (live and still) births</i>
	<i>Deaths</i>				
No. 30. Pregnancy, Childbirth and Abortion ...	3	...	...	...	0.83

Gastro-Enteritis (under 2 years of age):

Deaths from Gastro-Enteritis under 2 years of age ...	2
Mortality Rate per 1,000 live births ...	0.57

Cremations During the year 2,498 cremations were undertaken at the Council's Crematorium. The following figures give some indication of the use made of these facilities since the crematorium was opened in 1934 :—

<i>Year</i>	<i>Cremations</i>
1936 ...	151
1941 ...	448
1946 ...	942
1950 ...	1,585
1955 ...	2,498

Number of Post Mortems asked for by the Medical Referee during 1955 : 8.

**Medical
Examination
of Council
Employees**

During 1955, 812 examinations were made in connection with the Council's Superannuation and Sick Pay Schemes.

791 of these examinations of Corporation employees or prospective employees were to assess their fitness for their occupation and suitability for entry to the Schemes.

Of these:—

- (a) 674 (85%) were found free from any defect likely to affect their service and were reported to the employing department as fit for employment and entry to the Schemes.
- (b) 6 prospective employees (.75%) were found unfit for Corporation employment, the causes being tuberculosis, defective vision, deafness, congenital heart defect, mental instability and hyperthyroidism.
- (c) 42 (5.3%) were found to possess defects likely to curtail materially their working life or lead to undue absence owing to sickness. They were considered to be reasonably fit for their proposed employment but not for entry to the Superannuation or Sick Pay Schemes.
- (d) 69 (8.7%) were found to have defects of a temporary or remediable nature. Though unfit for entry to the Schemes at the time of examination it is probable that most of this group would be able to enter the Schemes on re-examination after suitable treatment or a period of observation.

Of the 111 persons in (c) and (d) above, 100 were manual workers and there is no administrative obstacle to offering them employment though they are unfit for entry to the Schemes.

The remaining 11 were applicants for "Officer" posts subject to the Local Government Superannuation Act. This requires that the employee shall enter the Superannuation Scheme after 2 years employment. Consequently, the Council resolved some years ago that Officers shall be fit for entry to the Superannuation Scheme on taking up employment. This would usually preclude the employing department from offering Corporation employment to these individuals.

The defects or diseases rendering candidates unsuitable for immediate entry to the Schemes were as follows:—

Musculo-Skeletal	19	Joint disease or injury ...	6
		Foot defects	4
		Spiral disc lesions	3
		Arthritis of spine	2
		Residual paresis	2
		Ostiomyelitis	1
		Postural defect	1
Cardio Vascular	21	Hyperpiesis	11
		Varicose Veins	6
		Rheumatic Heart Disease	2
		Non-Rheumatic „ „	1
		Anaemia	1
Respiratory	20	Chronic Bronchitis	8
		Tuberculosis	7
		Bronchiectasis	3
		Asthma	2
Alimentary	20	Hernia	9
		Dyspepsia	6
		Gastric or duodenal ulcer	4
		Hirschsprungs Disease ...	1
Nervous	11	Psychoneurosis	5
		Epilepsy	2
		Migraine	2
		Post Meningitis	1
		Educationally subnormal	1
Dental	9		
Ear, Nose and Throat ...	8	Chronic Otitis media ...	6
		Deafness	2
Glandular	8	Obesity	4
		Hyperthyroidism	2
		Diabetes	2
Vision	4	Cataract	2
		Myopia	1
		Conjunctivitis	1
Skin	4	Dermatitis	3
		Carbuncles	1

Chest X-rays were carried out on employees of the Health and Children Departments having close contact with children and also on prospective employees of other departments when clinically indicated.

RETIREMENT ON MEDICAL GROUNDS.

21 persons in Corporation employment were recommended for retirement on medical grounds. 20 of these were manual workers.

The average age of those retired was 50.5 years and the average length of service was 19 years.

The conditions necessitating retirement were:

Respiratory	...	...	7	Chronic Bronchitis	...	4
				Tuberculosis	...	2
				Cancer of the lung	...	1
Cardio-Vascular	...	...	5	Degenerative heart disease		4
				Cerebral haemorrhage	...	1
Skeletal	...	...	5	Arthritis	...	3
				Spinal disc lesions	...	2

and blindness, 1; meningitis, 1; progressive muscular atrophy, 1; dermatitis, 1.

Cancer.

I am indebted to Mrs. Longstaffe, the Records Officer of the Regional Cancer Records Bureau, for the following information regarding the incidence of cancer amongst Plymouth residents. There was a total of 519 cancer registrations for the year 1954.

CANCER REGISTRATIONS OF PLYMOUTH RESIDENTS FOR THE YEAR 1954

Buccal Cavity and Pharynx

Lip	...	...	...	...	...	...	4
Tongue	...	...	...	...	...	...	4
Salivary gland	...	...	...	...	...	...	2
Floor of mouth	...	...	...	...	...	...	1
Other parts of mouth and unspecified	...	...	...	...	...	...	4
Oral mesopharynx	...	...	...	...	...	...	2
Nasopharynx	...	...	...	...	...	...	—
Hypopharynx	...	...	...	...	...	...	4
Pharynx, unspecified	...	...	...	...	...	...	1
							— 22

Digestive Organs and Peritoneum

Oesophagus	...	...	...	...	...	...	5
Stomach	...	...	...	...	...	...	53
Small intestine including duodenum	...	...	...	...	...	...	1
Large intestine except rectum	...	...	...	...	...	...	33
Rectum	...	...	...	...	...	...	33
Biliary passages and liver (primary)	...	...	...	...	...	...	1
Biliary passages and liver (secondary)	...	...	...	...	...	...	8
Pancreas	...	...	...	...	...	...	12
Peritoneum	...	...	...	...	...	...	6
Unspecified digestive organs	...	...	...	...	...	...	—
							— 152

Respiratory System

Nose, nasal cavities, middle ear, and accessory sinuses	...	...	...	...	...	...	2
Larynx	...	...	...	...	...	...	5
Lung and bronchus (primary)	...	...	...	...	...	...	67
Lung and bronchus unspecified (primary or secondary)	...	...	...	...	...	...	—
Mediastinum	...	...	...	...	...	...	1
Thoracic organs (secondary)	...	...	...	...	...	...	—
							— 75

Breast and Genito-urinary Organs

Breast	...	...	...	...	...	46
Cervix uteri	...	...	...	...	...	20
Corpus uteri	...	...	...	...	...	13
Other parts of uterus including chorionepithelioma	...	...	...	...	...	—
Uterus, unspecified	...	...	...	...	...	1
Ovary, Fallopian tube and broad ligament	...	...	...	...	...	12
Other and unspecified female genital organs	...	...	...	...	...	3
Prostate	...	...	...	...	...	19
Testis	...	...	...	...	...	5
Other and unspecified male genital organs	...	...	...	...	...	1
Kidney	...	...	...	...	...	4
Bladder	...	...	...	...	...	24
						— 148

Other and Unspecified Sites

Malignant melanoma of skin	...	...	...	...	...	5
Rodent Ulcer	...	...	...	...	...	61
Other skin	...	...	...	...	...	10
Eye	...	...	...	...	...	2
Brain and other parts of nervous system	...	...	...	...	...	8
Thyroid gland	...	...	...	...	...	5
Other endocrine glands	...	...	...	...	...	—
Bone	...	...	...	...	...	7
Connective tissue	...	...	...	...	...	4
Secondary and unspecified lymph nodes	...	...	...	...	...	—
Other and unspecified sites	...	...	...	...	...	2
						— 104

Lymphatic and Haematopoietic Tissues

Lymphosarcom and reticulosarcoma	...	...	...	...	...	4
Hodgkins disease	...	...	...	...	...	3
Other forms of lymphoma	...	...	...	...	...	1
Multiple myeloma	...	...	...	...	...	—
Leukaemia and aleukaemia	...	...	...	...	...	9
Mycosis fungoides	...	...	...	...	...	1
						— 18

TABLE I.

VITAL STATISTICS—PLYMOUTH—1914—1955.

Year.	Estimated Mid-year Population (a) Civilian (b) Total Resident	Birth Rate.	Death Rate.	Infant Mortality Rate per 1,000 Live Births.	CRUDE DEATH-RATES PER 1,000 POPULATION FROM						
					Measles.	Scarlet Fever.	Whoop- ing Cough.	Diph- theria.	Tuberculosis.		Cancer
									Respira- tory.	Other Forms.	
1914	212,421 (b)	23.70	15.50	109.70	.26	.05	.22	.25	1.23	.37	1.08
1915	187,911 (a)	19.90	17.40	119.30	.61	.04	.13	.23	1.26	.45	1.15
1916	184,473 (a)	21.60	16.10	90.60	.26	.02	.08	.28	1.37	.35	1.24
1917	179,375 (a)	19.39	16.44	96.95	.46	.01	.11	.17	1.25	.49	1.33
1918	179,629 (a)	19.17	18.90	96.63	.31	.03	.32	.09	1.67	.49	1.16
Average		20.75	16.86	102.63	.38	.03	.17	.20	1.35	.43	1.19
1919	181,967 (a)	21.62	15.48	85.85	.16	.02	.02	.20	1.27	.40	1.38
1920	189,218 (a)	26.35	14.48	74.78	.18	.00	.17	.19	1.03	.24	1.29
1921	199,860 (a)	21.21	12.5	77.52	.01	.02	.05	.06	1.04	.21	1.34
1922	200,370 (a)	19.65	14.4	74.31	.22	.01	.10	.07	1.09	.24	1.25
1923	193,017 (a)	19.49	12.7	50.67	.03	.00	.04	.05	1.04	.23	1.40
Average		21.66	13.91	72.62	.12	.01	.07	.11	1.09	.26	1.33
1924	192,900 (a)	18.16	14.3	81.53	.13	.00	.16	.11	1.08	.22	1.31
1925	197,378 (a)	18.1	12.2	63.0	.01	.01	.07	.04	0.91	.22	1.36
1926	187,300 (a)	17.2	12.3	71.9	.10	.01	.07	.18	0.95	.18	1.49
1927	187,600 (a)	16.5	12.0	61.0	.00	.02	.06	.12	0.97	.16	1.58
1928	187,600 (a)	17.0	12.0	69.2	.41	.01	.02	.17	0.85	.17	1.52
Average		17.59	12.5	69.32	.13	.01	.07	.12	0.95	.19	1.45
1929	199,000 (a)	16.5	12.6	59.5	.02	.02	.17	.13	0.84	.12	1.39
1930	199,000 (a)	15.9	11.8	60.0	.14	.03	.02	.11	0.84	.17	1.47
1931	191,800 (a)	16.4	13.5	66.8	.01	.01	.05	.08	0.69	.20	1.48
1932	208,440 (b)	15.59	12.55	58.44	.02	.04	.07	.09	0.78	.15	1.49
1933	206,200 (b)	15.67	13.23	58.16	.06	.01	.06	.08	0.86	.12	1.47
Average		16.01	12.73	60.58	.05	.02	.07	.10	0.80	.15	1.46
1934	203,450 (b)	15.7	12.05	53.69	.06	.00	.08	.07	0.82	.17	1.59
1935	203,600 (b)	15.0	12.25	59.70	.02	.00	.01	.11	0.56	.15	1.58
1936	206,400 (b)	14.8	12.25	55.86	.01	.00	.09	.19	0.60	.13	1.57
1937	210,460 (b)	14.6	12.79	45.88	.00	.00	.01	.08	0.70	.07	1.63
1938	211,800 (b)	15.6	11.95	53.25	.12	—	.05	.07	0.64	.13	1.54
Average		15.14	12.25	53.68	.04	.00	.05	.10	0.66	.13	1.58
1939	215,500 (a)	15.6	12.61	42.04	—	—	—	.11	0.64	.12	1.65
1940	197,800 (a)	16.6	15.72	59.69	.02	—	.00	.53	0.83	.13	1.85
1941	149,300 (a)	16.43	23.87	77.49	.08	—	.07	.18	0.94	.15	2.25
1942	127,300 (a)	22.12	15.51	51.82	.00	—	.01	.12	0.95	.23	2.51
1943	136,530 (a)	23.03	16.69	37.53	.06	—	.06	.07	0.92	.20	2.34
Average		18.75	16.88	53.71	.03	—	.03	.20	0.85	.16	2.12
1944	144,700 (a)	24.03	14.66	39.98	.00	—	.00	.02	0.86	.12	2.13
1945	157,580 (a)	24.27	15.55	55.96	.00	—	.01	.03	0.79	.10	2.18
1946	176,070 (a)	24.26	13.87	46.11	.00	—	.02	.01	0.60	.14	2.06
1947	181,600 (a)	24.72	14.09	49.88	.05	—	.01	.01	0.77	.16	1.83
1948	188,940 (a)	21.36	12.25	29.73	—	—	.01	.00	0.73	.12	2.09
Average		23.73	14.08	44.33	.01	—	.01	.01	0.75	.13	2.06
1949	190,860 (a)	19.75	13.14	34.23	.00	—	.03	.00	0.62	.03	1.98
1950	208,960 (b)	16.91	11.72	29.43	—	—	.01	—	0.52	.07	1.82
1951	219,700 (b)	16.49	12.16	33.41	.01	—	.01	—	0.42	.04	1.65
1952	218,600 (b)	15.95	11.18	29.53	—	—	.01	.00	0.22	.02	1.73
1953	221,400 (b)	16.45	11.03	26.90	—	—	.01	—	0.20	.02	1.84
Average		17.11	11.84	30.70	.00	—	.01	.00	0.39	.03	1.80
1954	217,500 (b)	16.46	10.79	28.21	—	—	—	—	0.14	.01	1.78
1955	218,000 (b)	16.22	10.93	20.65	—	—	.00	—	0.19	.00	1.88

Note.—A series of dashes indicates that there were no deaths from that particular disease during that year.

A "0" preceding a decimal point indicates that in some previous year the rate was greater than unity.

A rate of .00 indicates that there were too few deaths during that year to be expressed as a rate to two decimal places.

TABLE II.
VITAL STATISTICS—1914-1955.

YEAR.	STILLBIRTHS.		INFANT MORTALITY		NEO-MORTALITY.		MATERNAL MORTALITY.					
	No.	Rate per 1,000 Live and Still Births.	No. of Deaths under 1 year.	Rate per 1,000 Live Births.	No. of Deaths under 4 weeks.	Rate per 1,000 Live Births.	SEPSIS.		OTHERS.		TOTAL.	
							No. of Deaths.	Rate per 1,000 Live and Still Births.	No. of Deaths.	Rate per 1,000 Live and Still Births.	No. of Deaths.	Rate per 1,000 Live and Still Births.
1914	51	10.02	553	109.7	215	42.68	5	.98	22	4.32	27	5.30
1915	29	6.80	505	119.3	145	34.26	6	1.41	17	3.98	23	5.39
1916	64	14.51	394	90.6	140	32.20	4	.90	20	4.53	24	5.43
1917	59	17.57	376	96.95	137	35.33	2	1.50	15	3.81	17	4.31
1918	133	33.24	373	96.63	132	34.20	5	1.25	14	3.50	19	4.75
Average	67	16.43	444	102.63	154	35.73	4	1.21	17	4.03	22	5.03
1919	143	33.70	352	85.85	135	32.93	5	1.18	18	4.24	23	5.42
1920	153	27.61	403	74.78	182	33.78	4	.73	22	3.96	26	4.69
1921	?	?	347	77.52	153	34.18	3	.67	12	2.68	15	3.35
1922	134	31.22	309	74.31	153	36.81	4	.93	17	3.96	21	4.89
1923	129	30.33	209	50.67	102	24.74	5	1.17	12	2.82	17	3.99
Average	139	30.71	324	72.62	145	32.49	4	.94	16	3.53	20	4.47
1924	125	32.23	306	81.53	128	34.11	6	1.54	19	4.90	25	6.44
1925	?	?	243	63.0	117	30.54	3	.78	15	3.91	18	4.69
1926	?	?	262	71.9	106	29.12	3	.83	8	2.19	11	3.02
1927	?	?	214	61.0	112	31.99	11	3.15	16	4.56	27	7.71
1928	149	39.64	250	69.2	121	33.53	5	1.38	17	4.71	22	6.09
Average	137	35.93	255	69.32	117	31.85	5	1.53	15	4.05	20	5.59
1929	147	40.03	210	59.5	111	31.49	6	1.76	11	2.86	17	4.62
1930	179	49.73	208	60.0	93	27.19	8	2.22	18	5.00	26	7.22
1931	128	36.00	229	66.8	102	29.77	1	.29	8	2.33	9	2.62
1932	153	44.94	190	58.44	97	29.84	8	2.35	12	3.52	20	5.87
1933	126	37.53	188	58.16	107	33.11	7	2.08	13	3.87	20	5.95
Average	147	41.64	205	60.58	102	30.28	6	1.74	12	3.52	18	5.26
1934	118	35.5	172	53.69	91	28.41	6	1.81	8	2.40	14	4.21
1935	124	38.8	183	59.70	103	33.60	9	2.82	7	2.19	16	5.01
1936	120	37.7	171	55.86	77	25.16	5	1.57	4	1.26	9	2.83
1937	118	36.9	141	45.88	66	21.48	7	2.19	10	3.13	17	5.32
1938	140	40.6	176	53.25	87	26.32	2	0.58	5	1.45	7	2.03
Average	124	37.9	168	53.68	85	26.99	6	1.79	7	2.08	12	3.88
1939	127	35.5	145	42.04	82	23.79	2	0.55	9	2.51	11	3.06
1940	117	34.2	197	59.69	95	28.83	7	2.04	4	1.17	11	3.21
1941	82	32.3	178	77.49	75	30.57	2	0.84	4	1.68	6	2.52
1942	87	29.9	146	51.82	85	30.17	2	0.69	8	2.75	10	3.44
1943	103	31.7	118	37.53	57	18.13	5	1.54	7	2.15	12	3.69
Average	103	32.7	157	53.71	79	26.29	4	1.13	6	2.05	10	3.18
1944	99	27.6	139	39.98	80	23.01	3	0.84	4	1.12	7	1.96
1945	111	28.2	214	55.96	112	29.28	3	0.76	14	3.56	17	4.32
1946	101	23.09	197	46.11	113	26.45	1	0.22	5	1.14	6	1.36
1947	97	21.14	224	49.88	127	28.28	—	—	3	0.65	3	0.65
1948	82	19.91	120	29.73	80	19.82	1	0.24	1	0.24	2	0.48
Average	98	23.99	179	44.33	102	25.37	2	0.41	5	1.34	7	1.75
1949	98	25.34	129	34.23	75	19.89	—	—	5	1.29	5	1.29
1950	68	18.88	104	29.43	67	18.96	1	0.27	3	0.83	4	1.10
1951	89	23.98	121	33.41	77	21.26	—	—	2	0.54	2	0.54
1952	81	22.70	103	29.53	73	20.94	—	—	3	0.84	3	0.84
1953	75	20.17	98	26.90	62	17.02	1	0.27	5	1.34	6	1.61
Average	82	22.21	111	30.70	71	19.61	.4	0.11	3	0.97	4	1.08
1954	90	24.52	101	28.21	71	19.83	—	—	4	1.09	4	1.09
1955	73	20.22	73	20.65	52	14.71	—	—	3	0.83	3	0.83

DEATHS UNDER FIVE YEARS OF AGE—BY CAUSES AND AGE GROUPS.
(CLASSIFIED LOCALLY UNDER THE INTERNATIONAL STATISTICAL CLASSIFICATION OF CAUSES OF DEATH)
FOR THE 52 WEEKS ENDED 31st DECEMBER, 1955

Cause of Death			under 1 day		1 day		2 days		3 days		4 days		5 days		6 days		7-13 days		14-20 days		21-28 days		Total under 1 month		1-2 months		2 months		3 months		4 months		5 months		6 months		7 months		8 months		9 months		10 months		11 months		Total under 1 year		1-4 years		Total under 5 years			
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.								
A 23	Meningococcal Infections	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
A 57	Malignant neoplasm of all other and unspecified sites	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
A 71	Nonmeningococcal Meningitis	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
A 73	Epilepsy	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
A 87	Acute upper respiratory infections	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
A 90	Bronchopneumonia	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
A 104	Gastro-Enteritis and Colitis, except diarrhoea of the newborn	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
A 127	Spina bifida and meningocele	...	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
A 128	Congenital malformations of the circulatory system	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A 129	All other congenital malformations	...	2	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
A 130	Birth injuries	...	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
A 131	Post-natal asphyxia and atelectasis	...	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
A 132	Infections of the newborn	...	1	1	3	3	-	1	3	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
A 134	All other diseases of early infancy	...	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	8	7	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
A 135	Ill-defined diseases peculiar to early infancy, and immaturity unqualified	...	12	6	1	3	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
A 137	Ill-defined and unknown causes of morbidity and mortality	...	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	15	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
AE138	Motor vehicle accidents	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
AE140	Accidental poisoning	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
AE141	Accidental falls	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
TOTALS			16	11	4	6	1	2	4	1	2	-	1	-	-	-	-	-	1	-	1	2	30	22	3	2	2	1	3	1	1	1	1	-	1	1	-	2	1	-	-	-	-	-	-	1	-	43	30	5	3	48	33	

DEATHS BY AGE GROUPS AND CAUSES—1955.

AS CLASSIFIED BY THE REGISTRAR GENERAL.

CAUSE OF DEATH	0-1		1-4		Total under 5 yrs.		5-14		15-24		25-44		45-64		65-74		75 and upwards		Total all ages		Grand Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1. Tuberculosis, respiratory ...	-	-	-	-	-	-	-	-	1	-	7	4	20	2	5	2	1	-	34	8	42
2. Tuberculosis, other ...	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	1
3. Syphilitic disease ...	-	-	-	-	-	-	-	-	-	-	-	-	3	1	-	-	2	-	5	1	6
4. Diphtheria ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping-cough ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal infections ...	1	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	1
7. Acute Poliomyelitis ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
8. Measles ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases ...	-	-	-	-	-	-	-	-	-	-	1	-	1	1	-	2	-	-	2	3	5
10. Malignant neoplasm, stomach ...	-	-	-	-	-	-	-	-	-	-	3	1	21	3	12	8	8	10	44	22	66
11. Malignant neoplasm, lung and bronchus ...	-	-	-	-	-	-	-	-	-	-	3	1	25	3	23	2	6	-	57	6	63
12. Malignant neoplasm, breast ...	-	-	-	-	-	-	-	-	-	-	-	3	-	18	-	11	-	-	-	39	39
13. Malignant neoplasm, uterus ...	-	-	-	-	-	-	-	-	-	-	-	1	-	15	-	5	-	1	-	22	22
14. Other malignant and lymphatic neoplasms ...	-	-	-	1	-	1	2	-	-	2	7	3	47	37	34	31	34	22	124	96	220
15. Leukaemia and aleukaemia ...	-	-	-	-	-	-	-	-	-	-	3	-	-	-	-	2	1	-	4	2	6
16. Diabetes ...	-	-	-	-	-	-	-	1	-	-	1	-	3	3	4	6	1	1	9	11	20
17. Vascular lesions of nervous system ...	-	-	-	-	-	-	-	-	-	-	1	4	28	34	41	62	53	101	123	201	324
18. Coronary disease, angina ...	-	-	-	-	-	-	-	-	-	-	4	-	82	19	69	37	54	52	209	108	317
19. Hypertension with heart disease...	-	-	-	-	-	-	-	-	-	-	1	-	9	4	17	12	15	21	42	37	79
20. Other heart disease ...	-	-	-	-	-	-	-	-	3	-	3	4	18	13	38	39	86	156	148	212	360
21. Other circulatory disease ...	-	-	-	-	-	-	-	-	1	-	1	2	12	8	15	14	18	23	47	47	94
22. Influenza ...	-	-	-	-	-	-	-	-	-	-	-	1	1	1	6	3	5	7	12	12	24
23. Pneumonia ...	13	6	-	1	13	7	-	2	-	-	3	1	10	6	10	9	32	22	68	47	115
24. Bronchitis ...	1	1	-	-	1	1	-	-	-	-	1	2	20	3	21	16	33	40	76	62	138
25. Other diseases of respiratory system	-	-	1	-	1	-	-	-	1	-	-	-	8	2	9	-	4	5	23	7	30
26. Ulcer of stomach and duodenum...	-	-	-	-	-	-	-	-	-	-	-	-	3	-	10	2	4	2	17	4	21
27. Gastritis, enteritis and diarrhoea...	1	-	1	-	2	-	-	-	-	-	-	-	3	-	2	2	1	3	8	5	13
28. Nephritis and nephrosis ...	-	-	-	-	-	-	1	1	1	1	2	1	10	5	5	4	4	4	23	16	39
29. Hyperplasia of prostate ...	-	-	-	-	-	-	-	-	-	-	-	-	1	-	9	-	17	-	27	-	27
30. Pregnancy, childbirth, abortion...	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	-	-	-	-	3	3
31. Congenital malformations ...	9	4	-	-	9	4	2	2	-	-	-	-	1	2	-	1	-	-	12	9	21
32. Other defined and ill-defined diseases	18	18	2	-	20	18	2	2	2	2	6	6	14	23	14	24	26	45	84	120	204
33. Motor vehicle accidents ...	-	-	-	1	-	1	9	1	1	1	3	-	1	3	2	-	2	2	17	8	25
34. All other accidents ...	1	-	1	-	2	-	-	-	7	-	1	-	5	4	3	4	7	12	25	20	45
35. Suicide ...	-	-	-	-	-	-	-	-	-	-	-	3	1	6	2	1	-	-	3	10	13
36. Homicide and operations of war...	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1
TOTAL ALL CAUSES ...	44	29	5	3	49	32	7	9	26	6	52	40	347	217	351	299	414	536	1246	1139	2385

DEATHS REGISTERED DURING THE 52 WEEKS ENDED 31st DECEMBER, 1955

INTERNATIONAL STATISTICAL CLASSIFICATION OF CAUSES OF DEATH—(W.H.O. 1948)

Cause of Death		0-4 years		5-14 years		15-24 years		25-44 years		45-64 years		65-74 years		75 years and over		Total		Grand Total	Deaths in Institutions
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A 1	Tuberculosis of respiratory system ...	-	-	-	-	-	-	7	5	19	3	4	2	1	-	31	10	41	18
A 2	Tuberculosis of meninges and central nervous system ...	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1	1
A 4	Tuberculosis of bones and joints ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
A 8	Tabes Dorsalis ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
A 10	All other syphilis ...	-	-	-	-	-	-	-	-	2	1	-	-	1	-	3	1	4	2
A 18	Streptococcal sore throat ...	-	-	-	-	-	-	-	-	1	-	-	1	-	-	1	1	2	1
A 22	Whooping cough ...	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
A 23	Meningococcal infections ...	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2
A 34	Infectious hepatitis ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2
A 44	Malignant neoplasm of buccal cavity and pharynx ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2
A 45	Malignant neoplasm of oesophagus ...	-	-	-	-	-	-	-	-	6	1	4	1	2	1	12	3	15	4
A 46	Malignant neoplasm of stomach ...	-	-	-	-	-	-	1	1	3	-	2	2	2	1	8	4	12	9
A 47	Malignant neoplasm of intestine, except rectum ...	-	-	-	-	-	-	3	1	21	3	12	9	8	10	44	23	67	24
A 48	Malignant neoplasm of larynx ...	-	-	-	-	-	-	-	-	4	16	9	8	2	11	15	35	50	23
A 49	Malignant neoplasm of trachea, and of bronchus, and lung, not specified as secondary ...	-	-	-	-	-	-	-	-	8	3	3	3	11	1	22	8	30	10
A 50	Malignant neoplasm of other and unspecified parts of uterus ...	-	-	-	-	-	-	-	-	1	-	2	1	1	-	4	1	5	3
A 54	Malignant neoplasm of prostate ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	67	21
A 55	Malignant neoplasm of skin ...	1	-	-	-	-	-	-	-	3	-	3	-	7	-	13	-	13	5
A 56	Malignant neoplasm of bone and connective tissue ...	-	-	-	-	-	-	-	-	-	1	1	-	1	1	3	2	5	2
A 57	Malignant neoplasm of all other and unspecified sites ...	-	-	1	-	-	-	1	-	2	1	1	1	2	2	7	4	11	8
A 58	Leukaemia and leukaemia ...	-	-	-	-	-	-	3	2	14	17	8	14	8	7	33	43	76	34
A 59	Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system ...	-	-	-	-	-	-	3	-	-	-	-	1	1	-	4	1	5	4
A 60	Benign neoplasms and neoplasms of unspecified nature ...	-	-	-	-	-	-	2	-	3	-	-	1	-	-	5	1	6	6
A 62	Thyrototoxicosis with or without goitre ...	-	-	1	-	-	-	2	-	2	3	-	-	-	2	5	6	11	5
A 63	Diabetes mellitus ...	-	-	-	-	-	-	-	-	5	2	2	7	1	3	9	13	22	13
A 65	Anaemias ...	-	-	-	-	-	-	1	-	-	-	-	1	1	4	3	5	8	7
A 66	Allergic disorders; all other endocrine, metabolic and blood diseases ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	33	5
A 67	Psychoses ...	-	-	1	-	-	-	1	1	9	5	4	3	4	5	19	14	33	5
A 70	Vascular lesions affecting central nervous system ...	-	-	-	-	-	-	-	-	-	-	1	3	1	1	2	4	6	6
A 71	Nonmeningococcal meningitis ...	-	-	-	-	-	-	-	3	31	34	43	59	55	100	129	196	325	119
A 72	Multiple sclerosis ...	-	1	-	-	-	-	-	-	1	2	-	1	-	-	1	1	2	1
A 73	Epilepsy ...	1	-	-	-	-	-	-	-	-	-	-	2	-	-	2	3	5	3
A 77	Otitis media and mastoiditis ...	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	3	4	1
A 78	All other diseases of the nervous system and sense organs ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1
A 79	Rheumatic fever ...	-	-	-	-	-	-	-	1	-	1	1	1	1	-	3	3	6	3
A 80	Chronic rheumatic heart disease ...	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	1	-
A 81	Arteriosclerotic and degenerative heart disease ...	-	-	-	-	4	-	1	4	4	-	-	3	-	10	9	21	30	15
A 82	Other diseases of heart ...	-	-	2	-	5	-	5	-	83	19	90	55	131	189	311	263	574	102
A 83	Hypertension with heart disease ...	-	-	-	-	1	-	1	-	3	3	13	8	11	20	28	31	59	22
A 84	Hypertension without mention of heart disease ...	-	-	-	-	-	-	1	-	17	13	33	30	22	33	73	76	149	27
A 85	Diseases of arteries ...	-	-	-	-	2	-	2	1	4	2	1	1	2	2	8	6	14	10
A 86	Other diseases of circulatory system ...	-	-	-	-	-	-	1	1	3	4	1	3	2	8	20	14	34	13
A 87	Acute upper respiratory infections ...	1	-	-	-	-	-	-	-	1	1	1	3	2	2	7	10	17	12
A 88	Influenza ...	-	-	-	-	-	-	-	-	1	-	-	-	2	1	3	1	4	4
A 89	Lobar pneumonia ...	-	-	-	-	-	-	-	-	3	1	6	1	5	7	10	11	21	10
A 90	Bronchopneumonia ...	-	-	-	-	-	-	-	-	6	3	5	1	3	14	14	5	19	12
A 91	Primary atypical, other and unspecified pneumonia ...	4	3	-	2	-	-	3	1	6	3	5	8	25	18	43	35	78	44
A 92	Acute bronchitis ...	-	-	-	-	-	-	-	-	1	-	-	1	2	1	3	2	5	2
A 93	Bronchitis, chronic and unqualified ...	-	-	-	-	-	-	-	-	3	-	-	1	4	5	8	16	16	5
A 94	Hypertrophy of tonsil and adenoids ...	-	-	-	-	-	-	-	-	17	4	22	15	31	30	70	49	119	39
A 95	Empyema and abscess of lung ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1
A 96	Pleurisy ...	-	-	-	-	-	-	-	-	2	1	-	-	-	1	2	1	3	3
A 97	All other respiratory diseases ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
A 99	Ulcer of stomach ...	-	-	-	-	-	-	-	-	6	-	7	5	7	2	20	8	28	8
A 100	Ulcer of duodenum ...	-	-	-	-	-	-	-	-	2	1	6	2	2	2	10	5	15	14

CLIMATOLOGICAL OBSERVATIONS

Taken at The Hoe, Plymouth, during the Year 1955

	1955	1954	60 Years Average
TEMPERATURES:			
Maximum	85.8 (23rd Aug.)	69.8 (22nd June)	87.0 (16/8/47)† (12/7/23)
Minimum	23.6 (20th Feb.)	19.6 (2nd Feb.)	16.0 (29/1/47)† (1/2/47)
Mean	51.6	51.0	51.5
Daily Range	11.6	10.2	10.7
Relative Humidity ...	80%	77%	81%
EARTH TEMPERATURES:			
Earth 1 ft. deep ...	52.5	52.4	52.3*
Earth 4 ft. deep ...	52.9	52.7	52.8**
Minimum on Grass ...	15.9 (18th Mar.)	12.0 (2nd Feb.)	10.6 (31/1/12)†
SEA TEMPERATURE:			
Mean 6 ft. deep ...	53.4	53.1	53.3*
RAINFALL:			
Total during Year ...	34.90"	41.59"	37.62"
Greatest daily fall ...	1.50" (18th July)	1.73" (25th July)	2.55" (15/8/52)†
Number Wet Days ...	168	214	190
SUNSHINE:			
Total Number Hours ...	1912.7	1442.9	1684.6
Greatest Daily Amount	14.4 (6th July)	14.4 (19th July)	15.3 (3/6/06)†
Number Sunless Days	54	65	63
WIND:			
Prevailing Direction ...	E.S.E.	W.N.W.	S.W.
Highest Velocity (Gust) m.p.h. recorded ...	71 (23rd Mar.)	75 (26th Nov.)	96 (8/3/28)†

† Denotes Absolute Record

* Denotes a 45 Year Average

** Denotes a 37 Year Average

METEOROLOGICAL STATISTICS—1955

General.

Appreciable snowfalls were recorded in Plymouth during both January and February. The mean monthly temperature of 40.6°F. in March broke the previous record of 40.9°F. established in 1900, and was therefore the lowest mean temperature recorded in March for 60 years. The lowest grass minimum temperature of the year was also recorded in March. On the 23rd March particularly high gusts of wind, which were duly recorded by the Dines Pressure Tube Anemometer at Smeaton Tower, caused the M.V. *Venus* to go aground in Batten Bay.

On the 6th May, a visit was made by an Inspector from the Meteorological Office, and a satisfactory inspection report was made on the working of the station. As from the 1st July, the station at Plymouth Hoe became an Auxiliary Climatological Station, and observations are now taken daily at 9 a.m. Greenwich Mean Time.

A particularly warm spell was recorded during August, with maximum shade temperatures exceeding 80°F. on four consecutive days.

Sunshine recorded during the year was well above the 60 years average. Monthly sunshine totals were above average on nine months of the year. On the other hand, the rainfall total for 1955 was below average.

Readings taken at Pier Head, Millbay Docks, showed that the mean sea temperature for 1955 was slightly above average.

Maternity and Child Welfare

REPORT OF SENIOR ASSISTANT MEDICAL OFFICER
FOR MATERNITY AND CHILD WELFARE

DR. MARION SMELLIE

Births From a total of 3,750 notified live births the Registrar General allocated 3,536 as belonging to Plymouth, giving a live birth rate of 16.22 which is 0.24 less than last year's rate but 1.22 above the rate for England and Wales.

Ernesettle, with 317, is once again the ward with the highest number of births, Crownhill with 309 a near second, then Nelson with 258 and Efford with 201.

	<i>Notified</i>	<i>Registered</i>	<i>Allocated</i>
Total live births (legitimate and illegitimate)	3750	3755	3536
Total stillbirths (legitimate and illegitimate)	94	94	73
	<hr/>	<hr/>	<hr/>
	3844	3849	3609
	<hr/>	<hr/>	<hr/>
Illegitimate births—live ...	58	58	176
stillbirths	3	3	6
	<hr/>	<hr/>	<hr/>
	61	61	182
	<hr/>	<hr/>	<hr/>

PLACE OF CONFINEMENT

Own home by municipal midwife	1093
Own home by municipal midwife with doctor present ...	224
Own home by Durnford Street midwife	395
Own home by Durnford Street midwife with doctor present	184
Own home by private midwife	5
Own home by private midwife with doctor present ...	34
Alexandra Maternity Home by midwife	590
Alexandra Maternity Home by midwife with doctor present	216
Freedom Fields Hospital by midwife	707
Freedom Fields Hospital by midwife with doctor present	257
Private Nursing Home with doctor	83
	<hr/>
	3788
	<hr/>

(Multiple births counted as one)

BIRTH RATES FROM 1920

<i>Year</i>				<i>Plymouth</i>	<i>England and Wales</i>
1920-29	Average	...	...	18.9	
1930-39	Average	...	...	15.4	
1940-49	Average	...	...	21.6	16.9
1950	...	...	...	16.91	15.8
1951	...	...	...	16.49	15.5
1952	...	...	...	15.95	15.3
1953	...	...	...	16.45	15.5
1954	...	...	...	16.46	15.2
1955	...	...	...	16.22	15.0

The following table shows the ward distribution of Plymouth births, adjusted by inward and outward transfers:—

<i>Ward</i>	<i>Live Births</i>	<i>Stillbirths</i>	<i>Total Number Notified</i>
CHARLES	174	8	182
COMPTON	126	3	129
CROWNHILL	307	2	309
DRAKE	119	4	123
EFFORD	198	3	201
ERNESETTLE	311	6	317
FORD	178	5	183
FRIARY	103	2	105
MOLESWORTH	187	2	189
MOUNT GOLD	132	3	135
NELSON	253	5	258
PEVERELL	100	1	101
ST. ANDREW	167	1	168
ST. AUBYN	142	5	147
ST. BUDEAUX	165	5	170
ST. PETER	186	2	188
STOKE	189	4	193
SUTTON	179	7	186
TAMERTON	165	4	169
TRELAWNY	120	2	122
TOTAL	3501	74	3575

Stillbirths. Ninety-four stillbirths were notified and registered, of which 73 were allocated to Plymouth, making our stillbirth rate 20.22 per thousand births or 0.33 per thousand of the population. This is 2.88 less than the rate of 23.1 for England and Wales but 1.34 above our own lowest recorded rate of 18.88 in 1950.

STILLBIRTH RATE

Year.	England and Wales.	Plymouth.	
	Per 1,000 population.	Per 1,000 births.	Per 1,000 population.
1945	0.46	28.20	0.70
1946	0.53	23.09	0.57
1947	0.50	21.15	0.53
1948	0.42	19.91	0.43
1949	0.39	25.34	0.51
1950	0.37	18.88	0.32
1951	0.36	23.98	0.40
1952	0.36	22.70	0.37
1953	0.35	20.17	0.34
1954	0.37	24.52	0.41
1955	0.36	20.22	0.33

Number of notified stillbirths—Institutional	...	71
—Domiciliary	...	23
		—
		94
Plus inward transfers (Flete)	... ..	3
		—
		97
Less outward transfers	... ..	23
		—
Plymouth stillbirths	... ..	74
		==

The following information has been extracted from a survey of the records of the 74 Plymouth stillbirths:—

<i>Institutional</i>			<i>Domiciliary</i>		
Freedom Fields Hospital	...	40	Municipal midwives	...	20
Flete Maternity Home	...	3	Private midwives	...	3
Alexandra Maternity Home	...	8			
		—			—
		51			23
		==			==
Doctor in attendance	...	66	Male stillbirths	...	38
Midwife only in attendance	...	8	Female stillbirths	...	36
		—			—
		74			74
		==			==

A. MACERATED: 33. (Freedom Fields Hospital, 16; Alexandra Maternity Home, 5; Flete Maternity Home, 2; Own home, 10)

Duration of pregnancy:

Over 40 weeks	...	...	...	...	...	3
40 weeks	...	...	...	...	...	5
36-39 weeks	...	...	...	...	...	16
32-35 weeks	...	...	...	...	...	4
30-32 weeks	...	...	...	...	...	1
28-30 weeks	...	...	...	...	...	4
						<hr/>
						33
						<hr/>

Parity:

1st pregnancy	...	...	...	...	...	16
2nd „	...	...	...	...	...	5
3rd „	...	...	...	...	...	4
4th „	...	...	...	...	...	1
5th „	...	...	...	...	...	4
Over 5th pregnancy	...	...	...	...	...	3
						<hr/>
						33
						<hr/>

Prenatal supervision:

Satisfactory	...	...	...	...	...	30
Unknown	...	...	...	...	...	3
						<hr/>
						33
						<hr/>

Standard of living:

Good	...	...	...	...	...	10
Fair	...	...	...	...	...	21
Poor	...	...	...	...	...	2
						<hr/>
						33
						<hr/>

Causes:

(a) *Postmature*

Unknown	...	...	...	...	...	3	
						<hr/>	3

(b) *Full-term*

Cord round neck	...	...	...	...	...	1	
A.P.H.	...	...	...	...	...	1	
Toxaemia	...	...	...	...	...	1	
Unknown	...	...	...	...	...	2	
						<hr/>	5

(c) *36-39 weeks*

Cord round neck	...	...	...	...	...	2	
Anoxia	...	...	...	...	...	1	
Toxaemia	...	...	...	...	...	1	
Malformation (1st twin)	...	...	...	...	...	1	
Anencephaly	...	...	...	...	...	1	
A.P.H.	...	...	...	...	...	1	
Placental insufficiency	...	...	...	...	...	3	
Rhesus incompatibility	...	...	...	...	...	1	
Unknown	...	...	...	...	...	5	
						<hr/>	16

(d)	32-35 weeks							
	A.P.H.	...	...	...	...	...	1	
	Anencephaly	...	...	...	...	...	1	
	Rhesus incompatibility	...	...	...	...	...	1	
	Unknown	...	...	...	...	...	1	
							—	4
(e)	30-32 weeks							
	Toxaemia	...	...	...	...	...	1	
							—	1
(f)	28-30 weeks							
	Placental insufficiency	...	...	...	...	...	1	
	Following a fall	...	...	...	...	...	1	
	Following heavy lifting	...	...	...	...	...	1	
	Foetal deformity	...	...	...	...	...	1	
							—	4
								—
								33
								==

B. PREMATURE BUT NOT MACERATED: 19 (13 were under $3\frac{3}{4}$ lbs. in weight; 3 between 4 and $4\frac{1}{2}$ lbs. in weight; 3 were $4\frac{1}{2}$ -5 lbs. in weight)

Duration of pregnancy

36 weeks...	...	...	...	...	...	3
32-35 weeks	...	...	...	...	...	9
28-31 weeks	...	...	...	...	...	7
						—
						19
						==

Parity

1st pregnancy	...	...	...	...	...	6
2nd „	...	...	...	...	...	3
3rd „	...	...	...	...	...	3
4th „	...	...	...	...	...	3
Over 5th pregnancy	...	...	...	...	...	4
						—
						19
						==

Prenatal supervision

Satisfactory	...	...	...	...	...	16
Unknown	...	...	...	...	...	3
						—
						19
						==

Standard of living

Good	...	...	...	...	...	10
Fair	...	...	...	...	...	9
						—
						19
						==

Causes

(a) 36 weeks

A.P.H.	...	...	...	...	1
Anencephaly	...	...	...	...	1
Spinal deformity	...	...	...	...	1
					—

3

(b) 32-35 weeks

Placental infarcts	...	...	...	...	1
A.P.H.	...	...	...	...	3
Anencephaly	...	...	...	...	2
Toxaemia	...	...	...	...	1
Prematurity	...	...	...	...	3
					—

10

(c) 28-30 weeks

Prolapsed cord	...	...	...	...	2
Placenta praevia	...	...	...	...	1
Anaemia of the mother	...	...	...	...	1
Hydrocephalus	...	...	...	...	1
Prematurity	...	...	...	...	1
					—

6

19

==

C. STILLBIRTHS AT OR NEAR TERM: 22 (F.F.H., 12; A.M.H., 3; Flete, 1; Own home, 6)

Postmature ... 6 Term ... 13 38-40 weeks ... 3

Parity

1st pregnancy	...	...	...	...	13
2nd „	...	...	...	...	3
3rd „	...	...	...	...	3
4th „	...	...	...	...	1
5th „	...	...	...	...	2
					—
					22
					==

Age

Under 21 years	...	...	...	...	4
21-24 years	...	...	...	...	4
25-29 „	...	...	...	...	4
30-34 „	...	...	...	...	8
35-39 „	...	...	...	...	1
40 years and over	...	...	...	...	1
					—
					22
					==

Prenatal supervision

Satisfactory	...	...	...	...	22
					==

Standard of living

Good	...	...	...	...	12
Fair	...	...	...	...	10
					—
					22
					==

Delivery						
Spontaneous	...	...	...	...	...	16
Instrumental	...	...	...	...	...	5
Caesarean section	...	...	...	...	...	1
						<hr/> 22 <hr/>
Causes						
Dystocia	...	...	...	...	...	2
Cord anomalies—						
Cord round neck	2					
Prolapsed	3					
						<hr/> 5 <hr/>
Malformation of foetal heart	...	...	...	...	...	1
Hydrocephalus	...	...	...	...	...	1
Meningocele	...	...	...	...	...	1
A.P.H.	...	...	...	...	...	3
Toxaemia of mother	...	...	...	...	...	1
After pitocin induction	...	...	...	...	...	1
Postmaturity only	...	...	...	...	...	4
Unknown	...	...	...	...	...	3
						<hr/> 22 <hr/>

Circular 20/44 During the year 276 premature or underweight babies were born in Plymouth. This number includes 44 infants of multiple pregnancies in which one or both infants were underweight. There were 60 outward transfers, leaving 216 babies belonging to Plymouth, and these, plus 4 inward transfers from Flete, make Plymouth's total of premature babies for the year 220. Of these 24 died within twenty-four hours, 9 between the second and twenty-eighth day, and a further 2 before the 31st of December.

With 33 deaths under a month, the neonatal mortality rate for Plymouth's premature babies has fallen to 150 and the percentage surviving at 28 days has risen to 85%. Approximately 7.4% of the total notified live births were premature, but of the live births belonging to Plymouth only 6.2% were premature.

Thirty-four premature babies born in their own homes were later removed to the hospital premature baby unit for special care. Of these 25 survived and 9 died.

By the end of the year 16 premature babies had left the city, leaving 169; that is, 82.8% surviving and living in Plymouth; and of these 112 were entirely breast fed during the first few weeks.

1954 *Follow-up.*

Of the 168 babies surviving and in Plymouth on 31.12.54,

9 left the city in the following twelve months. There were no deaths. The remaining 159 are progressing satisfactorily.

DOMICILIARY PREMATURE BABY NURSING SERVICE

Summary of work done—

Total number of babies attended	...	...	...	208
1. Premature babies (i.e. 5½ lbs. or under)	...	...	...	183
2. Difficult feeders (i.e. babies weighing over 5½ lbs. at birth but immature, or presenting feeding difficulties)				25

Premature babies :

(a) Babies born on district and nursed at home entirely	55	} 183
(b) Babies born on district and transferred to hospital	...	...	...	18
(c) Babies born in hospital and discharged for home nursing when 4lb. 5oz. or over				110	

Babies born on district and nursed at home entirely :—

<i>Weight Group</i>	<i>No. of babies</i>	<i>Average duration of nursing</i>	<i>Illnesses in first month</i>	<i>Mortality in first month</i>
Under 4 lb. 6 oz.	Nil	—	—	None
4 lb. 6 oz.— 4 lb. 15 oz.	9	19 days	1 diarrhoea and vomiting for 4 days	None
5 lb. — 5 lb. 8 oz.	46	19 days	4 with “thrush”	None
TOTAL ...	55	19 days	9%	None

Thirty-three per cent of the 183 premature babies were fully breast fed and 13% partly breast fed when handed over to the supervision of the district health visitor.

The statistical summaries which follow deal with all Plymouth’s premature babies whether born at home or in hospital:—

INSTITUTIONAL AND DOMICILIARY PREMATURE, OR UNDERWEIGHT,
BABIES

	Total born in Plymouth	Less Outward Transfers	Plus Inward Transfers (Flete)	Total belonging to Plymouth	Died within 24 hours	Died 2-28 days	Left Plymouth 2-28 days	Surviving and living in Plymouth at 28 days	Died after 28th day and up to 31.12.55	Left Plymouth after 28th day and up to 31.12.55	Surviving and living in Plymouth at 31.12.55		
											Total	Six months and over	Under 1 month
Institutional premature infants ...	187	60	4	131 (60%)	19	5	—	107	1	+13	93	46	7
Domiciliary premature infants ...	89	—	—	89 (40%)	5	4	—	80	1	3	76	43	5
TOTALS...	276	60	4	220	24	9	—	*187	2	16	169	89	12

* Belonging to Plymouth and surviving at one month ... 85%

† 2 ... Flete

Male ... 118

Female ... 158

276

See following table for more detailed information.

29

INSTITUTIONAL AND DOMICILIARY PREMATURE, OR UNDERWEIGHT, BABIES — PROBABLE CAUSE OF PREMATURITY

<i>Probable cause</i>	<i>Total</i>	<i>Less Outward Transfers</i>	<i>Belonging to Plymouth</i>	<i>Died in first 24 hours</i>	<i>Died 2-28 days</i>	<i>Died after 28 days and up to 31.12.55</i>	<i>Left Plymouth as at 31.12.55</i>	<i>Total surviving and living in Plymouth at 31.12.55</i>
Multiple pregnancy	45	10	35	4	1	2	4	24
Multiple pregnancy (with hydramnios)	1	—	1	—	—	—	—	1
Multiple pregnancy (with toxæmia)	1	—	1	—	—	—	—	1
Toxæmia	31	14	17	1	—	—	1	15
Eclampsia	2	—	2	—	—	—	—	2
Hydramnios	1	1	—	—	—	—	—	—
Rhesus Negative	3	1	2	—	—	—	—	2
A.P.H.:—								
Toxæmia	6	4	2	1	—	—	—	1
Placenta prævia...	6	2	4	1	—	—	—	3
Cause not known	12	6	6	—	—	—	1	5
Induction of labour for toxæmia...	3	2	1	—	—	—	—	1
Caesarian section:—								
Toxæmia	4	1	3	1	1	—	—	1
A.P.H. (cause not known)	6	1	5	1	—	—	—	4
Cardiac disease	1	—	1	—	—	—	—	1
Premature rupture of membranes	10	—	10	1	1	—	—	8
Hypertension	3	—	3	—	—	—	—	3
Fall or shock	2	—	2	1	—	—	—	1
Mother T.B.	1	—	1	1	—	—	—	—
General poor condition of mother...	1	—	1	—	—	—	—	1
Full-term but underweight	3	—	3	—	—	—	—	3
Not known	134	18	*120	12	6	—	10	92
TOTALS	276	60	*220	24	9	2	16	169

* Includes 4 inward transfers from Flete.

PREMATURE LIVE AND STILL BIRTHS BELONGING TO PLYMOUTH GROUPED ACCORDING TO BIRTH WEIGHT

<i>Weight at Birth</i>	PREMATURE LIVE BIRTHS												PREMATURE STILLBIRTHS		
	Born in Hospital				Born at home and transferred to Hospital on or before 28th day				Born in Nursing Home and nursed entirely there				Born in Nursing Home and transferred to Hospital on or before 28th day		
	Total	Died within 24 hours of birth	Survived at 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days
(a) 3 lb. 4 oz. or less (1,500 gms. or less) ...	26	13	10	—	—	—	7	3	3	—	—	—	—	—	—
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500–2,000 gms.)	19	3	16	1	—	1	10	1	8	—	—	—	—	—	—
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. ... (2,000–2,250 gms.)	26	—	25	10	—	10	8	—	6	—	—	—	—	—	—
(d) Over 4lb. 15 oz. up to and including 5 lb. 8 oz. (2,250–2,500 gms.)	60	3	56	44	—	44	9	1	8	—	—	—	—	1	—
TOTALS ...	131	19	107	55	—	55	34	5	25	—	—	—	—	25	*14

* Plus 1 not weighed

INITIAL FEEDING OF 169 PREMATURE BABIES SURVIVING AND LIVING IN PLYMOUTH ON 31ST DECEMBER, 1955.

(a) *Institutional*: 92 (including 2 Flete)

Entirely breast fed	...	...	...	...	65
Breast fed, plus complementary feeding	...	...	...	...	10
Artificially fed	...	...	...	...	17
Smallest baby: 2 lbs. 5 ozs. Largest baby: 5 lbs. 8 ozs.					

(b) *Domiciliary*: 77

Entirely breast fed	...	...	...	...	47
Breast fed, plus complementary feeding	...	...	...	...	7
Artificially fed	...	...	...	...	23
Smallest baby: 3 lbs. Largest baby: 5 lbs. 8 ozs.					

FEEDING:

Domiciliary: 89

	Deaths	Left Plymouth	Breast Fed	Partly Breast Fed	Artificially Fed
at 2 weeks	9	—	48	8	24
at 1 month	9	—	25	8	47
at 3 months	10	3	8	3	65

Institutional: 131

	Deaths	Left Plymouth	Breast Fed	Partly Breast Fed	Artificially Fed
at 2 weeks	25	—	74	10	22
at 1 month	25	—	42	8	56
at 3 months	25	7 (incl. 1 Flete)	9	1	89 (incl. 3 Flete)

Infant Mortality

The infant mortality rate, 20.65, is the lowest yet recorded for Plymouth and the neonatal mortality rate, 14.7, is also the lowest recorded. Both of these rates compare very favourably with the respective rates for England and Wales, which are 24.9 and 17.3. The perinatal death rate for the year was 30.4.

The total number of deaths under one year was 73 and of this 52 were under one month and 47 of the 52 under one week.

Age at death of 52 neonatals

Age at Death	Prematures	Others	Total
Under 24 hours	24	10	34
1-6 days	8	5	13
Total under 1 week	32	15	47
1 week-1 month	1	4	5
Total under 1 month	33	19	52

Investigation of the 33 premature neonatal deaths shows that 23 were due to immaturity alone and 6 to infections, 25 being born in hospital and 8 at home. Among the 19 others, 8 deaths were due to infections and 5 to congenital deformities, 12 being born at home and 6 in hospital, and 1 in a private nursing home.

Between one month and a year there were 21 deaths, i.e., a rate of 5.9% of which approximately 50% were due to congenital deformities and 25% to respiratory tract infection.

There were eight deaths between 1 and 5 years; 2 from accidents; 2 from broncho-pneumonia and one each from neuroblastoma, congenital heart, status epilepticus, and gastro-enteritis.

There is still no decrease in infant deaths in the first twenty-four hours of life, and the fall in the number of deaths in the first week of life is slow compared with that for infants over a week and up to one year of age.

The following table shows the infant death rates for domiciliary and hospital confinements and is worked out on locally adjusted figures.

	<i>Total births</i>	<i>Live births</i>	<i>Still- births</i>	<i>No. of neonatal deaths</i>	<i>Neonatal rate per thousand live births</i>	<i>No. of deaths under 1 year</i>	<i>Death rate per 1,000 live births</i>
Domiciliary 1952	1929	1929	23	20	10.4	32	16.6
Hospital 1623	1623	1572	51	32	20.4	40	25.4

			<i>Deaths under 1 month</i>	<i>Deaths 0-1 years</i>	<i>Deaths 1-5 years</i>	<i>Total Deaths under 5 years</i>
1944	...	...	80	139	40	179
1945	...	...	116	214	46	260
1946	...	...	113	197	33	230
1947	...	...	127	221	36	257
1948	...	...	80	125	31	156
1949	...	...	75	127	19	146
1950	...	...	67	104	15	119
1951	...	...	77	121	29	150
1952	...	...	73	103	17	120
1953	...	...	61	98	11	109
1954	...	...	71	101	11	112
1955	...	...	52	73	8	81

Gastro-enteritis The incidence was less than in the previous year, being lowest in September, October and November, with 2, 3 and 6 cases, and highest in March with 17 cases. There were many fewer cases in children under 6 months but more in children over 9 months. There were 2 deaths; one at 3 weeks where mothercraft was poor and the baby fed on National Dried Milk;

the other at 14 monchs where the mothercraft was very good and the baby breast fed for the first eight months.

The local mortality rate is 0.56 per thousand births.

Data are summarised in the following table:—

Total confirmed notifications						108	
Total deaths						2	
							<i>Deaths</i>
Age groups.							
Under 1 month	....	....	....	....	....	6	1
1-3 months	....	....	....	....	....	13	—
3-6 months	....	....	....	....	....	11	—
6-9 months	....	....	....	....	....	11	—
9 months 1 year	...	...	...	...	...	27	—
1-2 years	....	....	....	....	....	40	1
						108	2
Where treated.							
Own home	....	....	....	....	....	86	1
Isolation Hospital	...	...	...	...	...	22	1
						108	2
Place of birth for those under three months.							
Own home	....	....	....	....	....	8	—
Freedom Fields Hospital	....	....	....	....	....	2	—
Alexandra Maternity Home	....	....	....	....	....	7	—
Flete Maternity Home	...	...	...	...	...	2	1
						19	1
Type of feeding for those under six months							
Breast fed	...	...	...	...	...	5	—
National dried milk	....	....	....	....	....	19	1
National dried milk and mixed diet	....	....	....	....	....	4	—
Liquid milk	...	...	...	...	...	1	—
Liquid milk and mixed diet	....	....	....	....	....	1	—
						30	1
Severity of Illness.							
Severe	...	...	...	...	...	20	2
Moderate	...	...	...	...	...	49	—
Mild	...	...	...	...	...	39	—
						108	2
Standard of mothercraft.							
Good	...	...	....	....	....	80	1
Fair	...	...	....	....	....	22	—
Poor	...	...	....	....	....	6	1
						108	2

Sanitation.

Good	...	...	...	...	...	...	69	1
Satisfactory	...	...	...	...	...	...	29	1
Fair	...	...	...	...	...	...	4	—
Poor	...	...	...	...	...	...	6	—
							<hr/> 108	<hr/> 2
							<hr/> <hr/>	<hr/> <hr/>

Contact with gastro-enteritis in house ... 20

**Ophthalmia
Neonatorum.**

Eighteen cases were notified, 14 being treated at the Royal Eye Infirmary, 5 receiving in-patient treatment. In no case was vision impaired.

(a) Notified by general practitioners	....	....	5 cases
(b) Notified by Royal Eye Infirmary	....	....	13 „
			<hr/> 18 „
			<hr/> <hr/>

In-patient treatment	...	...	...	...	5
Out-patient treatment	....	....	....	....	9
Treated at home	....	....	....	....	4
					<hr/> 18
					<hr/> <hr/>

Attendant at delivery.

Municipal midwife	....	....	....	....	13
Durnford Street midwife	....	....	....	....	5
					<hr/> 18
					<hr/> <hr/>

Onset.

Within 5 days	....	....	....	....	7
7-16 days	....	....	....	....	11
					<hr/> 18
					<hr/> <hr/>

Vision unimpaired	....	....	....	....	18
					<hr/> <hr/>

Duration of treatment.

1 week or less	....	....	....	....	7
8-14 days	....	....	....	....	4
15-21 days	...	...	...	...	1
Over 21 days	....	....	....	....	6
					<hr/> 18
					<hr/> <hr/>

Circular 2866—

Care of illegitimate children and moral welfare work.

Summary of work done:—

Cases on hand from 1954	...	...	...	...	439
Cases reported in 1955	...	...	...	143	
Cases re-opened in 1955	...	...	...	50	
				—	193

Reported by :—

M. & C.W.	...	...	...	...	47
General practitioners	...	...	...	24	
Social workers	...	...	...	31	
National Assistance Board	...	...	16		
Public officials	...	...	...	19	
Hospital almoner	...	...	...	3	
Themselves and others interested	...	53			
				—	193

Cases dealt with :—

Unmarried mothers helped and advised ...	449	
Married women with illegitimate children helped and advised	183	
	<hr/>	<hr/>
		632

Number of interviews	...	...	...	...	2087
Number of visits	...	...	...	...	333

Assistance given as follows:—

Taken to Homes:—

Dunmore	2 (and 1 baby)	}	22 (and 2 babies)
Rosemundy	5		
Southview	10 (and 1 baby)		
St. Nicholas'	4		
St. Raphael's	1		

Affiliation investigations	...	...	...	73
Affiliation orders obtained through the Court	...	4		
Maintenance obtained through private agreement	...	1		
Work found for	...	...	...	19
Put in touch with social workers in other towns...	...	10		
Accommodation found for	...	...	...	2
Helped and advised	...	...	...	39
Young girls in moral danger helped and advised	...	11		
Kept in touch through correspondence	...	...	24	
Christmas presents sent to girls in homes	...	12		
Grants, etc., administered	...	...	...	158
Babies—adoptions	...	...	...	6
foster homes	...	...	...	7
residential nursery	...	...	...	7

Once again we would like to record our appreciation of the generous help given by the St. John Ambulance Brigade for arranging escorts, and to Dr. Barnardo's for their generous financial help to girls which enables them to keep their babies.

Health Visiting.

The acute shortage of health visitors persists and at the end of the year the case load averaged 1,087 for each of the 16 health visitors who have endeavoured to maintain a satisfactory service. They have attended 3,007 clinics, paid 44,229 health visits, 546 being to the aged who need more and more of the health visitors' time. Twelve courses have been given on mothercraft at schools, one course on infant and child care to the Girls' Life Brigade, 48 complete courses to antenatal clinic mothers and 176 health talks at infant welfare sessions.

The health visitors have also attended on two mornings per week the paediatric out-patient clinic and once every fortnight the premature baby follow-up clinic at Freedom Fields Hospital.

Three health visitors were sent for a refresher course during the year.

Summary of visits:—

Births	...	...	...	...	...	3423
1st year visits	...	...	...	...	...	10746
1st visits, 1-2 years	...	...	...	...	...	1454
Re-visits, 1-2 years	...	...	...	...	...	5960
1st visits, 2-5 years	...	...	...	...	...	1260
Re-visits, 2-5 years	...	...	...	...	...	12622
1st antenatal visits	...	...	...	...	...	364
Re-antenatal visits	...	...	...	...	...	197
Visits <i>re</i> infectious diseases	...	...	...	...	...	394
After-care, hospital cases	...	...	...	...	...	48
After-care, doctors' cases	...	...	...	...	...	61
Special visits (including visits to aged)	...	...	...	...	...	1284
Futile visits	...	...	...	...	...	6416
						<hr/> 44229 <hr/>

The 394 visits in connection with infectious diseases are made up as follows:—

Cerebro-spinal meningitis	...	...	...	...	39
Chicken-pox	...	...	...	...	1
Discharging eyes	...	...	...	...	5
Dysentery	...	...	...	...	34
Encephalitis influenza	...	...	...	...	1
Enteritis	...	...	...	...	188
Measles	...	...	...	...	8
Ophthalmia neonatorum	...	...	...	...	2
Poliomyelitis	...	...	...	...	37
Scabies	...	...	...	...	4
Whooping cough	...	...	...	...	75
					<hr/> 394 <hr/>

CHILD WELFARE CENTRES

	Beacon Park	Beaumont Hut	Crownhill	Devonport Park	Efford	Ernesettle	Howickknowle	Laiya	Peveler	St. Budeaux	Town Hall Stonehouse	Whitleigh Hall	Totals
No. of sessions held ...	100	203	51	103	51	51	48	52	51	102	52	52	916
No. of babies entered on register ...	414 (279 1st)	905 (588 1st)	220 (143 1st)	420 (311 1st)	154 (88 1st)	121 (76 1st)	239 (147 1st)	159 (95 1st)	265 (156 1st)	369 (226 1st)	257 (186 1st)	186 (107 1st)	3709 (2402 1st)
No. of children entered on register ...	230 (24 1st)	466 (58 1st)	171 (43 1st)	166 (36 1st)	44 (6 1st)	101 (8 1st)	146 (21 1st)	57 (8 1st)	150 (21 1st)	211 (22 1st)	110 (21 1st)	163 (7 1st)	2015 (275 1st)
Total ...	644 (303 1st)	1371 (646 1st)	391 (186 1st)	586 (347 1st)	198 (94 1st)	222 (84 1st)	385 (168 1st)	216 (103 1st)	415 (177 1st)	580 (248 1st)	367 (207 1st)	349 (114 1st)	5724 (2677 1st)
No. remaining on register on 31.12.55 :													
Babies ...	229	497	104	213	71	68	138	71	128	187	145	99	1950
Children ...	364	793	234	319	111	139	231	128	239	335	190	237	3320
Total ...	593	1290	338	532	182	207	369	199	367	522	335	336	5270
No. of babies weighed and mothers advised ...	3019	7245	1470	2704	1135	898	1640	1353	2354	2722	1600	1229	27369
No. of children weighed and mothers advised ...	1050	2032	646	688	231	382	571	374	756	902	329	609	8570
Total ...	4069	9277	2116	3392	1366	1280	2211	1727	3110	3624	1929	1838	35939
Doctors' consultations ...	837	2034	616	1086	537	377	628	639	585	1215	567	524	9645
Average attendance per session ...	40.7	45.7	41.5	32.9	26.8	25.1	46.1	33.2	61.0	35.5	37.1	35.3	39.2
Diphtheria Immunisation: No. of 1st attendances	135	324	79	116	58	59	94	43	—	171	68	—	1147
No. of re-attendances ...	361	790	242	246	140	182	268	108	—	427	159	—	2923

Health talks given by:—(a) Superintendent Health Visitor ... 162 Attendances at clinics by:—(a) Health Visitors ... 3007
 (b) Health Visitors ... 176 (b) S.R.Ns. ... 2322

Plymouth participated in a maternity survey dealing with all mothers confined between the 1st and the 21st of May, 1955, and in connection with this health visitors investigated 208 Plymouth births and 12 inward transfers, a total of 220 cases. A survey such as this takes up a considerable amount of the health visitors' time.

T.B. visitors. During the year the staff of 5 T.B. visitors has been depleted through illness. They paid 2,397 visits in addition to their 1,238 clinic attendances.

Child Welfare Centres. There has been no alteration in the number of sessions held, and little change in the overall attendances.

See table on page 36a for a summary of the work covered.

Welfare Food Service. The issue of welfare foods from the seventeen distribution points continued satisfactorily throughout the year.

The fall-off in consumption of all classes of welfare foods throughout the country, which was the subject of a special enquiry by the Minister of Health in August, 1955, was not the experience of this authority. The only decrease was in the issue of Cod Liver Oil and this was partly offset by the increased issues of proprietary vitamin preparations taken as an alternative to welfare foods.

Comparisons with the Ministry of Food average monthly issues:

	<i>National Dried Milk</i>	<i>Cod Liver Oil</i>	<i>Vitamin A and D Tablets</i>	<i>Orange Juice</i>
	<i>tins</i>	<i>bottles</i>	<i>packets</i>	<i>bottles</i>
Average monthly issues by the Ministry of Food prior to 28th June, 1954 ...	14,480	2,510	786	9,475
Average monthly issues by the Local Authority during the year 1955 ...	14,717	2,164	864	13,849

Total issues of welfare foods at distribution centres during the year:—

National dried milk ...	176,610 tins
Cod liver oil ...	25,970 bottles
Vitamin A and D tablets ...	10,369 packets
Orange juice ...	166,195 bottles

In addition, hospitals, institutions, nurseries, etc., were supplied with:—

National dried milk	...	...	2,267 tins
Cod liver oil	...	...	854 bottles
Orange juice	...	...	3,288 bottles

We are indebted to the members of the W.V.S. who staff one of the distribution centres, and to the two sub-postmasters who cover two of the outlying districts of the city.

Breast feeding Clinic More use could be made of this clinic, which is held on Fridays at Beaumont Centre, and many more babies could be breast fed, or breast fed for a longer period, with closer co-operation between G.P. and midwife, or G.P. and H.V., and less use of stilboestrol.

Sessions held	...	...	...	67
First attendances	...	...	...	70
Re-attendances	...	...	...	57

Defective Children. The following defects are recorded as persisting in children reaching the age of five years during 1955.

1. Blindness from congenital absence of eyes	...	...	...	1
2. Mongol	...	...	...	3
3. Mentally defective	...	...	...	2
4. Congenital heart	...	...	...	1
5. Lumbar lordosis	...	...	...	1
6. Strabismus	...	...	...	17 (all wearing glasses)
7. Talipes (e.g., varus)	...	...	...	1 (not quite cured)
8. Genu varum	...	...	...	2
9. Genu valgum	...	...	...	3
10. Paralysis of leg following A.P.M.	...	...	...	1 (almost well)
11. T.B. ankle joint	...	...	...	1
12. T.B. chest	...	...	...	1
13. T.B. spine	...	...	...	1
14. Paralysis of right arm	...	...	...	1
15. Delayed speech	...	...	...	1
16. Enlarged thymus	...	...	...	1

Observation Play Circle. Mrs. Hamley reports another year of satisfactory work accomplished at the observation play circle which is held every Wednesday afternoon at Beaumont Centre. Forty-eight children made 604 attendances, and many behaviour problems were solved or alleviated.

Mrs. Hamley is assisted by two other workers, also voluntary, and to all three we gratefully record our thanks and appreciation of their services.

ANTENATAL CENTRES.

	Beacon Park	Beaumont Hut	Crownhill	Devonport Park	Efford	Ernesettle	Honick- nowle	Laira	St. Budeaux	Town Hall Stonehouse	Totals
No. of sessions held ...	99	238	50	100	24	24.5	24.5	24	52	94	730
1st attendances { Pr. M. N.P.	103 } 113 } 7 }	307 } 294 } 6 }	17 } 62 } 4 }	117 } 101 } 3 }	13 } 53 } 1 }	6 } 21 } 3 }	17 } 56 } - }	13 } 22 } 1 }	57 } 83 } 3 }	77 } 130 } - }	727 } 935 } 28 }
Re-attendances ...	913	1731	299	653	314	99	260	146	575	955	5945
Postnatal attendances { 1st re- 1st ...	-	-	-	-	-	-	-	-	-	-	-
Miscellaneous { re- ...	-	-	-	-	-	-	-	-	-	-	-
Total attendances { 1st ... re- ...	223 913	608 1731	83 299	221 653	67 314	30 99	73 260	36 146	143 575	207 955	1691 5945
Average per session ...	11.5	9.8	7.6	8.7	15.9	5.3	13.6	7.6	13.8	12.4	10.5
Consultations ...	1136	2320	381	829	381	129	333	182	696	1142	7529
No. of transfers from 1954, and other clinics ...	54	97	18	85	17	5	12	8	32	51	379
Total No. of women attending during 1955 { A.N. P.N. Misc.	277 } - } - }	704 } - } 1 }	101 } - } - }	306 } - } - }	84 } - } - }	35 } - } - }	85 } - } - }	44 } - } - }	175 } - } - }	258 } - } - }	2069 } - } 1 }

Ultra-Violet Light Clinics.

Two sessions are held each week at our Stonehouse and St. Budeaux centres, the attendances being

as follows:—

		<i>Stonehouse</i>	<i>St. Budeaux</i>
No. of sessions ...	...	101	100
1st attendances ...	...	94	60
Transfers from 1954 ...	...	30	30
Re-attendances ...	...	1064	1222
Average attendance ...	...	11.8	13

Antenatal.

We started the year with 15 weekly antenatal sessions, the Friday morning session at St. Budeaux being discontinued as from 1-1-55. On the 23rd September the Beaumont Centre Friday morning session was also closed, so that at the end of the year 14 sessions were being held each week.

No. of expectant mothers who attended municipal antenatal clinics during the year ...	...	2070
Average attendance per session during the year ...	...	10.5
No. confined in 1955 ...	...	1,427*
No. aborted in 1955 ...	...	21
No. of the above confined in Freedom Fields Hospital ...	...	274
No. confined at Flete ...	...	198
No. confined at Alexandra Maternity Home ...	...	363
No. confined Municipal midwives ...	...	567
No. confined Durnford Street midwives ...	...	12
No. left Plymouth ...	...	103

* Includes 21 stillbirths.

Character of labour in 1,427 confinements:—

Spontaneous ...	...	1,283
Instrumental ...	...	52
Caesarean ...	...	26
Induction ...	...	66

The following abnormalities were found in cases attending the first time in 1955 :

1. Contracted pelvis :—	...	10
Minor ...	...	1
Major ...	...	4
2. Eclampsia ...	...	42
3. Toxaemia ...	...	7
4. Cardiac diseases ...	...	7
5. Respiratory diseases ...	...	22
6. Anaemia, marked ...	...	14

Routine Wassermann and Kahn tests have been done at our antenatal clinics since April, 1943, with the following results :—

					<i>No. done</i>	<i>No. positive</i>
1943	...	...	...	...	825	5
1944	...	...	...	...	1,001	16
1945	...	...	...	...	774	7
1946	...	...	...	...	376	1
1947	...	...	...	...	1,109	9
1948	...	...	...	...	2,082	20
1949	...	...	...	...	1,840	21
1950	...	...	...	...	1,498	8
1951	...	...	...	...	1,035	22
1952	...	...	...	...	1,010	5
1953	...	...	...	...	1,085	7
1954	...	...	...	...	850	7
1955	...	...	...	...	795	7

Routine Rh. testing has been done since 1948. Results are as follows :

					<i>No. done</i>	<i>No. negative</i>
1948	...	...	...	...	1,996	321
1949	...	...	...	...	1,840	363
1950	...	...	...	...	1,495	344
1951	...	...	...	...	1,062	229
1952	...	...	...	...	1,022	199
1953	...	...	...	...	1,060	243
1954	...	...	...	...	845	171
1955	...	...	...	...	800	151

Routine haemoglobin estimations; Number done—612.

<i>Hb.</i>	<i>No. done</i>	<i>Percentage</i>
100%	17	2.77
90%/100%	102	16.66
80%/ 90%	253	41.3
70%/ 80%	180	29.4
60%/ 70%	47	7.68
50%/ 60%	9	1.47
40%/ 50%	4	.65
	<hr/> 612 <hr/>	

Postnatal. All midwives' district cases attending our antenatal clinics are given a postnatal appointment at Beaumont centre.

Number of women given an appointment	...	416
Number of first attendances	...	159
Number of re-attendances	...	51
Number requiring advice or treatment	...	160
Number requiring hospital treatment	...	1

The clinical findings were:—

Torn or deficient perineum	...	...	...	59
Cervical tears	...	...	...	21
Cervical erosions	...	...	...	59
Cystocele	...	...	...	27
Rectocele	...	...	...	8
Lax vagina	...	...	...	48
Retroversion of uterus	...	...	...	41
Lax or poor muscle tone of abdomen	...	...	...	60
Various	...	...	...	12

Flete Maternity Home	Plymouth mothers confined at Flete during 1955	...	...	...	...	211
	Devon County mothers confined at Flete during 1955	...	...	...	...	174
						<hr/>
						*385
						<hr/>

* This is 82 more than in 1954

This maternity home also admitted 79 mothers for the lying-in period after confinement in Freedom Fields Hospital and 7 similar Devon County cases.

Mass Radio-graphy of Expectant Mothers 1062 expectant mothers were referred from our antenatal clinics for routine mass X-ray but only 632 attended (59.5%). Evidence of active tuberculosis was found in two cases, and small healed lesions in five cases.

Health Talks to Expectant Mothers Given by a very competent health visitor, this series of talks at all antenatal centres is very much appreciated and well attended. In all, 48 complete courses were given—12 at Beaumont Hut and 6 at each of the following centres: Beacon Park, Crownhill, Efford, Honicknowle, St. Budeaux, Stonehouse.

Relaxation Classes The relaxation clinics, run in conjunction with the antenatal clinics, are proving very popular.

	<i>Crownhill</i>	<i>Stonehouse</i>
First attendances	151	117
Re-attendances	760	633

Supervision of Midwives	Number notifying their intention to practice	88
	Number practising in the area at 31-12-55...	54

	<i>As Midwife</i>	<i>As Maternity Nurse</i>
Municipal (including non-medical supervisor of midwives) ...	23	—
In private practice ...	4	3
Durnford Street Home ...	14	—
Alexandra Maternity Home ...	20	—
Freedom Fields Hospital ...	22	—
Charlton Nursing Home ...	—	2
	83	5
	<u> </u>	<u> </u>

There was a further fall in the number of cases attended by midwives in private practice. One attended 33 cases and another two. Four confinements were conducted by a doctor without a midwife in attendance. Approximately 73.7% of the notified births (district and institutional) were conducted by midwives only.

Other notifications received under the C.M.B. rules were:—

Notification of artificial feeding ...	492
Notification of stillbirth ...	13
Notification of death ...	4
Notification of having laid out a dead body ...	4
Notification of liability to be a source of infection	40

Medical aid was sought by midwives in 488 cases for the following reasons:—

(i) *For mother during pregnancy*

Toxaemia ...	11
A.P.H. ...	12
Miscarriage ...	2
Threatened abortion ...	1
Hypertension ...	7
Abdominal pain ...	3
Vomiting ...	1
Uterine inertia ...	2
Transverse lie ...	2
Rhesus antibodies ...	1
Postmaturity ...	5
Pyelitis ...	1
	—
	48

(ii) *For mother during labour*

Ruptured perineum ...	177
Prolonged labour ...	67
Obstructed labour ...	2
Malpresentation ...	9
Adherent placenta ...	8
Episiotomy ...	9
Foetal or maternal distress ...	22
Premature labour ...	15
Vulval or vaginal laceration ...	14
Lacerated perineum ...	8
Prolapsed cord ...	2
Eclamptic fit ...	2
Albuminuria ...	1
	—
	336

(iii) *For mother during puerperium*

Raised temperature	...	...	...	...	29	
Varicose veins	...	...	...	...	6	
P.P.H.	...	...	...	...	16	
Painful breast (mastitis)	...	...	...	...	3	
Difficulties in feeding	...	...	...	...	5	
Haemorrhoids	...	...	...	...	1	
Phlebitis	...	...	...	...	1	
Suprapubic pain	...	...	...	...	1	
					—	62

(iv) *For infant*

Rash	...	...	...	...	4	
Feeble infant	...	...	...	...	1	
Discharging eyes	...	...	...	...	10	
Unsatisfactory condition	...	...	...	...	14	
Cold or nasal discharge	...	...	...	...	2	
Cyanosis	...	...	...	...	1	
Asphyxia	...	...	...	...	1	
Malformation	...	...	...	...	1	
Stillbirth	...	...	...	...	1	
Meningocele	...	...	...	...	1	
Convulsions	...	...	...	...	1	
Talipes	...	...	...	...	2	
Cerebral injury	...	...	...	...	1	
Jaundice	...	...	...	...	2	
					—	42
						488

Notification of artificial feeding Notifications of artificial feeding were received in respect of 25.4% of the domiciliary births and 31.5% of the hospital births (the latter not being adjusted for inward and outward transfers).

Domiciliary Midwifery. With the appointment of a new Superintendent and Non-Medical Supervisor of Midwives on 1st November, a start was made to co-ordinate the domiciliary midwifery into one service, and to extend the part II training school.

The following is a summary of the work done during the year:

MUNICIPAL MIDWIVES

Number of cases attended:

(a) Doctor <i>not booked</i> but present at delivery	...	...	...	19	
(b) Doctor <i>not booked</i> and not present at delivery	...	...	...	324	
(c) Doctor <i>booked</i> and present at delivery	...	...	...	205	
(d) Doctor <i>booked</i> but not present at delivery	...	...	...	769	
				—	1317

Number of cases booked 1550

Number of gas and air administrations:

(a) Doctor not present at delivery	...	...	...	933	
(b) Doctor present at delivery	...	...	...	187	
				—	1120

Number of instrumental deliveries:

(a) Doctor booked	...	...	...	...	67	
(b) Doctor not booked	...	...	...	...	4	
					—	71

Number of emergency deliveries	...	...	...	...	7
Number of booked miscarriages	...	...	...	...	15
Number of patients transferred to hospital for confinement					34
Number of patients transferred to hospital after confinement					3
Number of patients transferred to Royal Eye Infirmary	...				2
Number of antenatal visits paid	...	...	...	...	11479
Number of antenatal clinic visits paid	...	...	...		577

Number of babies who were:

(a) entirely breast fed during first two weeks	...	...	913	
(b) partly breast fed during first two weeks	...	...	69	
(c) artificially fed during first two weeks	...	...	309	
			—	1291

Number of notifiable puerperal pyrexia cases	..	..	3
Number of accouchement sets issued during the year at Welfare Centres	..	..	1428

DURNFORD STREET MIDWIVES

Number of cases attended:

(a) Doctor <i>not booked</i> but present at delivery	...	...	7	
(b) Doctor <i>not booked</i> and not present at delivery	...	...	60	
(c) Doctor <i>booked</i> and present at delivery	...	...	177	
(d) Doctor <i>booked</i> but not present at delivery	...	...	335	
			—	579

Number of cases booked	731
------------------------	-----	-----	-----	-----	-----

Number of gas and air administrations:

(a) Doctor not present at delivery	...	...	...	322	
(b) Doctor present at delivery	...	...	...	169	
				—	491

Number of instrumental deliveries:

(a) Doctor booked	...	...	...	...	32	
(b) Doctor not booked	...	...	...	...	3	
					—	35

Number of emergency deliveries	...	...	...	...	4
Number of emergency miscarriages	...	...	...	...	5
Number of patients transferred to hospital for confinement					50
Number of patients transferred to hospital after confinement					7
Number of antenatal visits paid	...	...	...	...	6588

Number of babies who were:

(a) entirely breast fed during first two weeks	...	...	445	
(b) partly breast fed during first two weeks	...	...	22	
(c) artificially fed during first two weeks	...	...	91	
			—	558

Number of cases in which medical aid was summoned:

(a) where the medical practitioner has arranged to provide M.M.S.	...	...	...	...	162	
(b) others	...	...	...	...	52	
					—	214

Number of notifiable puerperal pyrexia cases	...	...	6
Number of accouchement sets issued during the year	...		590

Fees paid to Doctors. £419. 11s. 10d. was paid by the local authority for 139 doctors' accounts submitted under section 14 of the Midwives' Act, 1951. This was £174 less than the total amount paid in the previous year.

Maternity and Nursing Homes. The number of registered nursing homes remained unaltered, one taking acute medical and surgical and maternity cases, and three taking chronic cases only. All had visits of inspection during the year. There is also No. 2 Woodside registered as a maternity home for the reception of expectant mothers and mothers with young babies.

Maternal Mortality. There were three maternal deaths belonging to Plymouth; two in hospital and one in a nursing home. The causes were pulmonary embolism, obstetric shock, and postpartum haemorrhage. There were no deaths due to abortion. The maternal mortality rate for the year is 0.83.

MATERNAL MORTALITY

Year	ENGLAND AND WALES		PLYMOUTH	
	Per 1,000 total births		Per 1,000 total births	
	Including abortions	Excluding abortions	Including abortions	Excluding abortions
1942	2.17	1.01	3.44	3.09
1943	2.29	1.84	3.6	2.7
1944	1.93	1.53	2.79	2.24
1945	1.79	1.44	4.32	3.56
1946	1.43	1.24	1.36	1.36
1947	1.17	1.01	0.65	0.65
1948	1.02	0.86	0.48	0.48
1949	0.98	0.82	1.29	0.48
1950	0.86	0.72	0.55	0.55
1951	0.79	0.65	0.54	0.54
1952	0.72	0.59	0.84	0.56
1953	0.76	0.65	1.61	1.07
1954	0.70	0.59	1.09	0.81
1955	—	—	0.83	0.83

Puerperal Pyrexia. There was a further slight fall in the number of notifications, and our puerperal pyrexia rate for the year is 6.37.

Total notifications	...	...	...	...	30
Outward transfers	...	...	...	...	7
					—
Belonging to Plymouth	...	...	...	...	23
					—
PLACE OF CONFINEMENT:					
Own home	...	...	...	...	9
Freedom Fields Hospital	...	...	...	...	8
Alexandra Maternity Home	...	...	...	...	6
					—
					23
					—

WHERE TREATED:

Own home	...	...	...	...	...	7
Freedom Fields Hospital	...	...	...	...	...	9
Alexandra Maternity Home	...	...	...	...	...	6
Greenbank Hospital	...	...	...	...	...	1
						<hr/> 23 <hr/>

CAUSES OF PYREXIA:

Sepsis (Pr. 5, M. 4)	...	...	...	...	...	9
Following forceps	...	...	...	...	3	
Following retained placenta	...	...	...	...	2	
Following retained products	...	...	...	...	1	
Following spontaneous labour	...	...	...	...	3	
Urinary infection (B. Coli)	...	...	...	...	...	6
Pneumonia following L.S.C.S. for placenta praevia	...	...	...	...	...	1
Influenza	...	...	...	...	...	1
Following toxæmia	...	...	...	...	...	2
Mastitis	...	...	...	...	...	1
Empyema at time of delivery	...	...	...	...	...	1
Unknown	...	...	...	...	...	2
						<hr/> 23 <hr/>

Mothers' Advice Centres. The Hon. Secretary reports another very satisfactory year's work. The numbers attending the Tuesday evening sessions at Beaumont Centre increased so considerably that appointments were being made as far as eight weeks ahead. Arrangements were therefore made to hold two more sessions each month on the first and third Wednesdays from 6 to 8 p.m., although this did not actually take place until January, 1956. At St. Budeaux Centre a session was held on the second and fourth Mondays from 2 to 4 p.m.

Attendances were as follows:

	<i>Beaumont Centre</i>	<i>St. Budeaux Centre</i>
No. of clinics held	51	22
New cases (sent by Local Authority, 28)	658	136
Return visits	2327	274
Seen by doctor (new cases)	658	136
(re-visits)	73	101

Day Nursery Under the able supervision of the matron, the Day Nursery ran smoothly and efficiently throughout the year. There were 32 children on the register on the 31st of December.

The children's Christmas party was well attended by parents and children, and was a very happy event thanks to much preparatory hard work on the part of the staff.

	<i>0-2 years</i>	<i>2-5 years</i>
No. of children admitted during the year	8	30
No. of children discharged during the year	4	40
Average daily attendance during the year (excluding Saturday mornings)	3.7	19.8
No. of children on register at end of year	3	29

Consequent on the Health Committee's decision to reduce the cost of the Day Nursery, it became necessary to cease to take students for training, to reduce the permanent staff, and the number of places for children. This was effected as from October.

Nursery Students In October twelve nursery students sat the examination for the N.N.E.B. Certificate and eleven passed, bringing the total of successful passes up to 85 in 9 years, out of a possible 93.

From the time the Sister Tutor left in September, 1954, Mrs. Lanouette, the Matron of the Day Nursery, was responsible for all the tutorial work in connection with the students and she is to be complimented on the excellent training she provided and on the examination results.

In October, 1955, the Health Department ceased to participate in the training of nursery nurse students in Plymouth.

Sanitary Circumstances of the Area.

REPORT OF THE CHIEF SANITARY INSPECTOR,

Mr. C. E. SANDERSON

WATER SUPPLY

Average Consumption The average consumption of water for the year was 13.90 million gallons per day. During the dry period (121 days) the average was 14.86 million gallons per day.

Restrictions The summer was exceptionally dry and appeals were made to the public to limit the use of water to essential needs, whilst the use of hose pipes for the watering of private gardens or washing down private cars was prohibited from September 20th to November 4th.

Compensation water to the River Meavy was stopped and water was abstracted from the Sheepstor Brook from 13th July to the 12th November inclusive.

Bacteriological Examination With a view to maintaining the purity of the supply, samples of water are taken weekly and submitted to bacteriological examination. During 1955, 275 samples of water were examined with the following results:—

<i>Source</i>	<i>Total No. of Samples</i>	<i>B. Coli present in 100 ml.</i>	<i>B. Coli absent in 100 ml.</i>
From City Mains ...	266	43 (40 non-faecal)	223
From Wells and Springs ...	9	5 (faecal)	4
GRAND TOTALS ...	275	48 (40 non-faecal)	227

Sterilisation The main water supply has been treated at Burrator with an average dose of 1.0 p.p.m. of chlorine gas and 0.05 p.p.m. of ammonia. In addition, an average of 0.35 p.p.m. of chlorine gas has been added at the outlet from Crownhill Reservoir.

The Yelverton supply has been treated with 1.0 p.p.m. of chlorine gas.

Chemical Analysis Eight samples of water were submitted for chemical analysis. The following table gives a summary of the results of these, the figures representing parts per 100,000:—

CHEMICAL ANALYSIS OF WATER DURING 1955
(parts per 100,000)

	<i>March</i>	<i>June</i>	<i>September</i>
Temporary Hardness ...	0.5	0.7	0.9
Permanent Hardness ...	1.1	0.9	0.9
Total Hardness 	1.6	1.6	1.8
Chlorine as Chlorides ...	1.2	1.0	1.1
Ammonia, Saline 	0.0008	0.0006	Nil
Ammonia, albuminoid ...	0.0052	0.0050	0.0044
Nitrates as nitrogen ...	Nil	Nil	Nil
Nitrites as nitrogen ...	Nil	Nil	Nil
Oxygen (absorbed 4 hrs. at 27° C.) 	0.105	0.14	0.09
Metals (zinc, copper and lead	Nil	Nil	Nil
pH value 	6.4	6.8	6.9

Plumbo-solvency An average of 6 cwts. of lime per day have been added to the water at Burrator to reduce the tendency to plumbo-solvency.

River Tavy Scheme The construction of the dam and the pumping station at Lopwell is substantially complete. The pipeline from Lopwell to Crownhill has also been completed.

It is expected that a contract for the construction of the proposed rapid gravity filters and a covered service reservoir at Crownhill and for covering Belliver Reservoir will be let this Summer.

A contract for supplying the equipment and plant for the filters (£77,000) was entered into in July, 1955.

I am indebted to the City Water Engineer for part of the foregoing information.

SWIMMING POOLS.

Routine visits of inspection as well as visits for the purpose of taking samples for bacteriological examination were made to the swimming pools in the City.

RESULTS OF BACTERIOLOGICAL EXAMINATION OF SAMPLES OF WATER OBTAINED FROM BATHING POOLS IN THE CITY DURING 1955.

<i>Source</i>	<i>Total No. Samples</i>	<i>B. Coli present in 100 ml.</i>	<i>B. Coli absent in 100 ml.</i>
Tinside Bathing Pool	22	17 (5 non-faecal)	5
Mount Wise Ladies' Bathing Pool	19	5 (1 non-faecal)	14
Mount Wise Men's Bathing Pool	20	6 (4 non-faecal)	14
Mount Wise Infants' Paddling Pool (fresh water)	20	9 (2 non-faecal)	11
Mount Wise Infants' Paddling Pool (sea water)	17	5 (1 non-faecal)	12
Plymouth College Bathing Pool	6	4 (1 non-faecal)	2
Munday House	8	4 (2 non-faecal)	4
Glenholt Camp	15	9 (7 non-faecal)	6
Central Park Paddling Pools	17	10 (2 non-faecal)	7
Devonport Park Paddling Pool	9	6 (3 non-faecal)	3
GRAND TOTALS	153	75 (28 non-faecal)	78

SEWERAGE AND SEWAGE DISPOSAL

For the following information, I am indebted to the City Engineer.

The work of constructing the 18" to 33" diameter main trunk sewer which is to carry the flow of sewage from the Eggbuckland and Forder Valley areas to the new Plymouth-Plympton Joint Sewage Disposal Works at Longbridge is now well in hand. The levels in the area are such that it will be necessary to construct an inverted syphon across the low lying ground and under the River Plym. It is anticipated that the trunk sewer will be completed by June, 1956, which is the date for the completion of the new Disposal Works to replace the present obsolete Works at Eggbuckland.

SANITARY INSPECTION OF THE AREA.

During the year, 1,611 complaints were received and given attention by the Health Department, the majority of which related to housing defects.

Prosecutions On seventeen occasions summonses were served upon the owners of premises for non-compliance with Abatement Notices, but it was only necessary for Nuisance Orders to be made by the Magistrates in seven instances: in each of the other cases, the service of the summons had the desired effect of causing the owner to have the necessary repairs effected.

Four of the Nuisance Orders were not complied with within the time specified by the Magistrates and had to be referred back to them. Fines totalling £14 were inflicted upon the owners concerned and in two cases, which related to houses owned by the same person, and which had been referred back to the Court on two occasions, the owner was informed that if the works were not completed by a specified date, a daily penalty of 5/- would be imposed.

All the repairs required by these Orders were subsequently effected.

It was also necessary for a summons to be served upon an owner of a house, where work had had to be done by the Local Authority in default of the owner in accordance with the provisions of the Public Health Act, in order to obtain settlement of the cost of the repairs.

**Premises
inspected**

The table on page 52a shows the number of inspections of various premises carried out during the year, together with details of the number of notices served and complied with.

**Inspection of
Hairdressing
Establishments**

During the year, all hairdressing establishments in the City were visited, 74 establishments for women and 69 for men being inspected. Particular attention was paid to the standard of cleanliness, to facilities for cleansing and sterilising equipment, to the availability of clean towels, to the use of ear protectors, and to the disposal of waste material. The requirements of the Shops Act, 1950, relating to sanitary accommodation, washing facilities, ventilation, lighting, heating and facilities for assistants taking meals were also borne in mind.

Generally, the standard of cleanliness of both the premises and equipment was found to be satisfactory, although in a few instances it was necessary to call for improvement. With a few exceptions, clean towels were provided for each customer in ladies' salons, but in men's establishments, this was not found to be customary, the common practice being to provide clean "neck protecting material", either in the form of cotton wool or tissue paper.

Materials used for ear protection consisted of cotton wool and semi-cardboard protectors, which were used only once, and plastic material, which was cleansed with hot water, sometimes with disinfectant added, after each time of using. All occupiers were advised to ensure that these protectors were always maintained in a clean condition.

The requirements of the Shops Act were found to be met in the majority of cases, although additional sanitary accommodation was requested on three occasions in order to provide separate conveniences for each sex. In one case, improvement in ventilation was necessary, and in another, the provision of suitable facilities for the taking of meals.

One occupier was requested to discontinue the sale of confectionery in the hairdressing salon and a few occupiers or owners were asked to carry out minor repairs.

At the time of preparing this report, all the necessary improvements had been effected.

PREMISES
INSPECTED.

The following table shows the number of inspections of various premises carried out during the year, together with the number of Notices served.

Premises Inspected	Inspections or Visits	Intimation Notices served or Improvements required	Intimation Notices complied with or Improvements effected	Statutory Notices served during the year	Statutory Notices complied with during the year
Houses inspected (Public Health and Housing Acts) ...	4498	1500	—	—	—
Houses re-inspected (Public Health and Housing Acts)	12936	18	1718	277	232
No. of premises (other than houses) inspected for nuisances	479	110	85	1	1
No. of owners or contractors interviewed	1320	—	—	—	—
No. of houses visited <i>re</i> contacts of infectious diseases	11	—	—	—	—
No. of houses visited <i>re</i> notifiable diseases	236	—	—	—	—
No. of houses visited <i>re</i> other diseases	9	—	—	—	—
Visits regarding Food Poisoning	34	—	—	—	—
Butchers	1196	86	84	5	3
Cinemas and Amusement places	3	—	—	—	—
Common Lodging Houses	16	3	3	—	—
Dairies and Milkshops	836	8	5	—	—
Fresh Fish Shops and Carts	98	7	5	—	—
Fried Fish and Chip Shops	275	23	23	—	—
Food Vehicles	225	21	21	—	—
Ice Cream premises	361	3	2	—	—
Knacker's Yards	3	1	—	—	—
Milk Vehicles	60	—	—	—	—
Offensive Trades	8	1	1	—	—
Outworkers	98	—	—	—	—
Premises to examine foodstuffs	1647	—	—	—	—
Provision shops	1043	168	164	2	1
Public Conveniences	718	91	92	—	—
Public Houses	49	8	8	2	2
Restaurants and other Food Preparation Premises ...	1082	98	91	8	6
Schools	131	17	—	1	—
Shops (under Shops Act)	665	97	13	—	—
Slaughter Houses	55	—	—	—	—
Smoke observations	94	3	4	—	—
Swimming baths	174	—	—	—	—
Tents, Vans, Sheds, etc.	131	6	8	2	—
Houses inspected for infestation by rats or mice ...	742	652	—	—	—
Houses re-inspected for infestation by rats or mice ...	674	—	643	—	—
Premises other than houses inspected for infestation by rats or mice	258	215	—	—	—
Premises other than houses re-inspected for infestation by rats or mice	336	—	199	1	—
Rent Investigations	51	(See table on page 57)			
Miscellaneous	1786	—	—	—	—
Water Courses	16	—	—	—	—

**Inspection
of Shops**

In the latter half of the year, a systematic inspection of shops was commenced, consideration being given to the arrangements made for the health and comfort of the employees as provided for in the Shops Act, 1950. By the end of the year, 665 inspections had been made and 97 notices served.

An analysis of the requirements of these notices is given below:—

<i>Requirement</i>	<i>Number of notices served</i>
Provision of additional sanitary accommodation ...	9
Repair, redecoration, cleansing or lighting of sanitary conveniences	51
Provision of seats for female assistants	11
Provision of suitable heating facilities	6
Facilities for taking meals	2
Provision of suitable washing facilities	4
Improvement in ventilation	1
Structural repairs	10
Miscellaneous	3
	<hr/> 97 <hr/>

Except in three cases, which relate to the provision of additional sanitary accommodation, all the notices have been complied with.

Factories.

Details of the sanitary inspection of factories under the Factories Act, 1937, are given in the following tables:—

1. Inspections:—

	<i>Number of</i>		
	<i>Inspections</i>	<i>Written Notices</i>	<i>Occupiers prosecuted</i>
Factories with mechanical power	660	82	—
Factories without mechanical power	186	32	—

2. Defects found :—

	<i>Number of defects</i>			<i>No. of defects in respect of which prosecutions were instituted</i>
	<i>Found</i>	<i>Remedied</i>	<i>Referred to H.M. Inspector</i>	
Want of cleanliness ...	19	18	1	—
Overcrowding ...	—	—	—	—
Unreasonable temperature	1	1	—	—
Inadequate ventilation ...	5	5	—	—
Ineffective drainage of floors ...	—	—	—	—
Sanitary Conveniences—				
insufficient ...	5	5	—	—
unsuitable or defective ...	41	34	—	—
not separate for sexes ...	2	2	—	—
Other offences ...	41	35	3	—

Rodent Control

The number of reports of rats and mice infestation dealt with by the Health Department during the year was 867, and the number of inspections made by the Sanitary Inspectors in connection with these reported infestations totalled 2,010: of this latter number, 1,416 concerned private dwelling houses and 594 inspections were in respect of premises other than dwelling houses.

Of the 652 private dwelling houses found to be infested with rats and mice, 590 had been treated successfully by the end of the year, together with 53 houses in respect of which treatment had been commenced towards the end of 1954.

Inspections of premises other than private residences showed rodent infestation in 215 instances. Treatment of these properties, together with those found to be infested towards the end of the previous year, was successful in 199 cases.

In only one instance was any difficulty experienced with an owner in the carrying out of disinfestation work, and in this case it was necessary to serve a notice under Section 4 of the Prevention of Damage by Pests Act, 1949.

Rag Flock

Six samples of filling materials were taken during the year under the Rag Flock and Other Filling Materials Act, 1951, and submitted for analysis, of which three consisted of rag flock, one of unused cotton felt, one of washed layered flock and one of coir fibre. All these samples were satisfactory.

HOUSING.

1. INSPECTION OF DWELLING-HOUSES DURING THE YEAR :—

(1) (a)	Total number of dwelling-houses inspected for defects (under Public Health and Housing Acts)	...	...	4498
(b)	Number of inspections made for the purpose	...	...	17434
(2) (a)	Number of dwelling-houses (included in sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	...	...	226*
(b)	Number of inspections made for the purpose	...	...	1199
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	159*
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	...	...	1500

2. REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES :—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	1486
---	-----	-----	-----	-----	-----	-----	------

3. ACTION UNDER STATUTORY POWERS DURING THE YEAR :—

(a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :—

(1)	Number of dwelling-houses in respect of which notices were served requiring repairs	...	...	...	...	74
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices :—					
(a)	By owners	...	...	...	...	53
(b)	By Local Authority in default of owners	...	...			8

(b) Proceedings under Public Health Acts :—

(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	...	...	277
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices :—			
(a)	By owners	...	...	232
(b)	By Local Authority in default of owners	...	...	—

(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—

(1) Number of dwelling-houses in respect of which Demolition Orders were made	... ..	11
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	... ..	34
(3) Number of Undertakings not to use unfit houses accepted		3

(d) Proceedings under Section 12 of the Housing Act, 1936 :—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	... ..	11
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or rooms having been rendered fit	... ..	-

* These numbers include 124 houses situated in Clearance Areas, and 10 houses dealt with under the Declaration of Unfitness Regulations.

4. HOUSING ACT, 1936. PART IV—OVERCROWDING :—

(a) (1) Number of dwellings overcrowded at the end of the year		307
(2) Number of families dwelling therein	... ..	429
(3) Number of persons dwelling therein	... ..	2062
(b) Number of new cases of overcrowding during the year	... ..	103
(c) (1) Number of cases of overcrowding relieved during the year		77
(2) Number of persons concerned in such cases	... ..	390

Slum Clearance

Further progress has been made with the Slum Clearance Programme and, during the year, representations have been made in respect of thirteen areas in the City, of which six are situated to the north of Regent Street; two in the Barbican area; four in the vicinity of Morley Place and Claremont Street, and one in Lower Compton. The total number of unfit houses involved is 124, providing accommodation for 192 families.

Confirmation of ten Clearance Orders was received from the Minister of Housing and Local Government during 1955. This number was comprised of seven Orders relating to the Stonehouse South area, one Order in connection with Victoria Street, Plymouth, and the two Orders in respect of Melbourne Cottages, North Road, Plymouth.

Certificates of Disrepair

There has been a considerable decrease in the number of applications for Certificates of Disrepair under the provisions of the Housing Repairs and Rents Act, 1954, only thirteen applications having been received in 1955 as compared with forty-four the previous year. Certificates were granted to the applicants in twelve instances: in the other case, repairs were effected by the owner and the issue of a certificate was unnecessary.

Five Certificates of Disrepair were revoked by the local authority during the year, the owners of the premises having carried out all the works necessary at the premises to bring them into a state of good repair and reasonably suitable for occupation, in accordance with the provisions of the Housing Repairs and Rents Act, 1954.

Furnished Houses (Rent Control) Act, 1946

During the year, rentals were determined by the Rent Tribunal in thirteen cases which had come to the notice of sanitary inspectors whilst carrying out their normal duties and which had been referred to the Tribunal by the Health Department.

Details of these references are given in the following table:—

<i>No. of rooms in tenancy</i>	<i>Rent charged (weekly)</i>	<i>Rent fixed by Tribunal (weekly)</i>	<i>Amount of reduction (weekly)</i>
	£ s. d.	£ s. d.	£ s. d.
*1	1 6 6	1 1 0	5 6
*1	1 4 0	1 0 0	4 0
*1	1 15 0	1 0 0	15 0
*1	1 5 0	15 6	9 6
*1			
(and kitchen)	1 5 0	1 0 0	5 0
2	2 2 0	1 12 6	9 6
2	2 4 0	1 12 6	11 6
2	1 4 0	17 0	7 0
2	1 6 0	18 0	8 0
2	2 0 0	17 6	1 2 6
2			
(and kitchen)	2 3 0	1 6 0	17 0
2			
(and kitchen)	1 8 0	1 6 0	2 0
4	2 2 6	1 15 0	7 6

* Includes cost of electricity.

INSPECTION AND SUPERVISION OF FOOD.

Bacteriological Examination of Milk 703 samples of milk were taken for bacteriological examination. Of these 691 gave satisfactory results but the remaining 12 failed the test. All persons concerned in the production, treatment and distribution of the milk giving unsatisfactory results were advised on the need for greater care in their dealings with the milk in order to ensure a satisfactory standard of cleanliness. Subsequent samples revealed that the necessary improvements had been achieved.

The following table shows the number of samples of various descriptions of milk submitted to the Methylene Blue Test and the results:—

METHYLENE BLUE TEST.

<i>Description of Milk</i>	<i>Total No. of Samples</i>	<i>Satis- factory</i>	<i>Unsatis- factory</i>
Tuberculin Tested (Farm Bottled)	29	28	1
Tuberculin Tested	29	29	—
Pasteurised	580	571	9
Tuberculin Tested (Pasteurised)	65	63	2
Totals	703	691	12

Phosphatase Test A total of 675 samples of milk (610 Pasteurised and 65 Tuberculin Tested (Pasteurised)) were obtained and submitted to the Phosphatase Test for checking the efficiency of the pasteurising process. Four samples of Pasteurised Milk and two samples of Tuberculin Tested (Pasteurised) Milk failed the test. The failure may have been due to some slight defect in the pumping installation of the plant concerned. When a new pump was installed, subsequent samples of milk proved satisfactory.

Turbidity Test 38 samples of Sterilised Milk were submitted to the Turbidity Test and all were found to be satisfactory.

Examination of Milk for Tubercle Bacilli 258 samples of milk (200 from ordinary herds, 58 from Tuberculin Tested herds) were examined biologically for the presence of Tubercle Bacilli. Three samples, all from ordinary herds, were found positive. The farms from which the positive samples were obtained were visited by the Veterinary Officer of the Ministry of Agriculture and Fisheries. On each of two farms a cow was found to be affected with tuberculosis of the udder. These two cows were removed from the respective farms and slaughtered. The milk from the remaining cows in these two herds was free from tuberculosis. No affected cow was found at the third farm and the milk from the cows in the herd at the time of visit by the Veterinary Officer was free from tuberculosis. All the milk coming into the City from these farms is pasteurised before sale to the public.

Licences under the Milk (Special Designations) Orders, 1949 The following table shows the number of licences to use the various designations applied to milk issued during the year.

Description of Licence							No. Issued
Pasteuriser's Licence (High Temperature Short Time Process)	...	...	...	...	...	...	3
Dealer's "Tuberculin Tested" Licence	...	...	...	...	...	...	35
Dealer's "Pasteurised" Licence	...	...	...	...	...	...	111
Steriliser's Licence	...	...	...	...	...	...	1
Dealer's "Sterilised" Licence	...	...	...	...	...	...	268
TOTAL ...							418

Chemical Analysis of Milk 34 samples of raw milk, 46 of pasteurised milk and 3 samples of sterilised milk were obtained for analysis. 77 of these samples were found to be genuine and 6 (all raw milk) were adulterated. One of these samples was deficient in milk fat and the remaining five contained added water. Letters of caution were sent to the producers of these samples.

Ice Cream The number of applications for registration of premises for the storage and distribution of ice cream was 1, for the sale of loose ice cream 2, and for the sale of pre-packed ice cream 36.

Chemical Analysis of Ice Cream During the year, 5 samples of ice cream were submitted to chemical analysis. All the samples complied with the standard laid down in the Food Standards (Ice Cream) Order, 1953.
The results of these samples are given in the table on page 58.

Bacteriological Examination of Samples of Ice Cream During the year, 108 samples of Ice Cream were submitted to the form of Methylene Blue Test prescribed by the Ministry of Health. The table below gives the results of these tests.

<i>Grade</i>	<i>Hot Mix</i>	<i>Cold Mix</i>	<i>Totals</i>
Grade 1. Time taken to reduce methylene blue—4½ hours or more	71	9	80
Grade 2. Time taken to reduce methylene blue—2½ to 4 hours	12	1	13
Grade 3. Time taken to reduce methylene blue—½ to 2 hours	8	—	8
Grade 4. Time taken to reduce methylene blue—0 hours	7	—	7
TOTALS	98	10	108

Of the 98 samples of “Hot Mix”, 47 were “pre-packed”, of which 36 were placed in Grade 1, 5 in Grade 2, 4 in Grade 3 and 2 in Grade 4.

Of the 10 samples of “Cold Mix”, 2 were pre-packed and both were placed in Grade 1.

TABLE OF CHEMICAL QUALITY OF ICE CREAM.

<i>Sample No.</i>	<i>Total Fat %</i>	<i>Sample No.</i>	<i>Butter Fat %</i>	<i>Sample No.</i>	<i>Non-Fatty Milk Solids %</i>	<i>Sample No.</i>	<i>Sugar %</i>	<i>Sample No.</i>	<i>Total Non-Fatty Solids %</i>
4	12.2	1	2.0	2	9.5	2	15.1	2	30.3
5	12.1	5	1.0	4	9.4	5	14.2	3	29.0
2	9.5	4	1.0	1	9.0	3	13.3	5	27.6
3	8.6	2	0.5	3	9.0	1	12.0	1	26.5
1	7.05	3	0.5	5	8.7	4	12.0	4	25.6
Average	9.89		1.0		9.12		13.32		27.8

FOOD AND DRUGS.

Adulteration The various samples of food and drugs submitted for analysis during the year are classified in the following table, together with the number of the various articles which were found to be adulterated.—

<i>Articles</i>	<i>Official Samples</i>		<i>Informal Samples</i>		<i>Total Number</i>
	<i>Genuine</i>	<i>Adulterated</i>	<i>Genuine</i>	<i>Adulterated</i>	
Aspirin Tablets	—	—	4	—	4
Almond Paste	—	—	—	5	5
Apple Vinegar	—	—	1	—	1
Butter	—	—	13	—	13
Boracic Ointment	—	—	4	—	4
Coffee	—	—	4	—	4
Cocoa	—	—	4	—	4
Camphorated Oil	—	—	4	—	4
Castor Oil	—	—	5	—	5
Cordials	—	—	8	—	8
Cond. M. S. Milk	—	—	2	—	2
Cond. F.C. Milk	—	—	4	—	4
Custard Powder	—	—	4	—	4
Coffee and Chicory	—	—	5	—	5
Colouring	—	—	4	—	4
Clotted Cream	—	—	5	—	5
Cream (Tinned)	—	—	8	—	8
Cheese Spread	—	—	4	—	4
Chocolate Marzipan	—	—	1	—	1
Dried Herbs	—	—	5	—	5
Flavourings	—	—	5	—	5
Gin	—	—	1	—	1
Glycerine	—	—	4	—	4
Ground Spice	—	—	4	—	4
Gelatine	—	—	4	—	4
Ground Almonds	—	—	5	—	5
Honey	—	—	5	—	5
Ice Cream	—	—	5	—	5
Jam	—	—	5	—	5
Lemon Juice	—	—	1	—	1
Mint Jelly	—	—	1	—	1
Malt Vinegar	—	—	4	—	4
Marmalade	—	—	8	—	8
Mock Cream	—	—	1	—	1
Margarine	—	—	4	—	4
Meat and Fish Paste	—	—	5	—	5
Milk (Raw)	27	5	1	1	34
Non-Brewed Condiment	—	—	1	—	1
Olive Oil	—	—	4	—	4
Palm Oil	—	—	2	—	2
Pepper	—	—	4	—	4
Pasteurised Milk	46	—	—	—	46
Pickled Onions	—	—	4	—	4
Rum	—	—	2	—	2
Sausages	3	—	10	1	14
Soups (Tinned)	—	—	5	—	5
Sterilised Milk	3	—	—	—	3
Saccharin Tablets	—	—	4	—	4
Sauce	—	—	4	—	4
Saffron	—	—	4	—	4
Tinned Peas	—	—	5	—	5
Table Jelly	—	—	5	—	5
Tincture of Iodine	—	—	4	—	4
Tea	—	—	4	—	4
Vegetable Oil	—	—	1	—	1
Whisky	—	—	1	—	1
Whipped Cream Lollies	—	—	—	1	1
Zinc Ointment	—	—	4	—	4
TOTALS	79	5	220	8	312



FOOD AND DRUG SAMPLES REPORTED NOT GENUINE

<i>Article</i>		<i>Nature of Adulteration</i>	<i>Action taken</i>
Raw Milk	...	4% deficient in Milk Fat ...	Letter of Caution
Raw Milk	...	Contained 11% added water	Letter of caution
Raw Milk	...	Contained 2% added water	Letter of Caution
Raw Milk	...	Contained 1.5% added water	Letter of Caution
Raw Milk	...	Contained 1.0% added water	Letter of Caution
Raw Milk	...	Contained 0.4% added water	Letter of Caution
Whipped Cream		Contained only 3% Butterfat	Maker cautioned:
Lolly	... ..		name of product
			changed.
Beef Sausages	...	10% deficient in Meat Con- tent	Informal sample
Almond Paste	...	Contained only 10% Ground Almonds	Letter of Caution
Almond Paste	...	Contained only 10% Ground Almonds	Letter of Caution
Almond Paste	...	Contained only 10% Ground Almonds	Letter of Caution
Marzipan Paste		Contained only 7% Ground Almonds	Letter of Caution
Marzipan Paste	...	Contained only 20% Ground Almonds	Letter of Caution

Slaughterhouses and Meat Inspection Details of the number of animals killed at the Abattoir and the number of carcases of home-killed meat dealt with from other centres are shown in the following table:—

				<i>Slaughtered at Plymouth Abattoir</i>	<i>Received from other centres</i>	<i>Totals</i>
Bovines	...	...	...	10,956	1,232	12,188
Calves	...	...	...	766	515	1,281
Sheep	...	...	...	11,144	9,064	20,208
Pigs	...	...	...	18,841	5,888	24,729
				41,707	16,699	58,406

The total weight of meat and offal condemned during the year from animals killed inside and outside the City was 151 tons 8 cwt. 1 qr. 23 lbs

Details of the number of whole carcasses condemned and of carcasses of which some part or organ was condemned are shown in the table which follows:—

	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
Number killed	8349	3839	1281	20208	24729
Number inspected	12188		1281	20208	24729
<i>All diseases except Tuberculosis</i> Whole carcasses condemned	70		15	82	24
Carcasses of which some part or organ was condemned	3795		11	1350	722
Percentage of the number inspected affected with disease and other condi- tions, excluding Tuber- culosis	31.71		2.02	7.08	3.01

<i>Tuberculosis only</i> Whole carcasses condemned	136	1	—	16
Carcasses of which some part or organ was con- demned	3831	—	—	526
Percentage of the number inspected affected with Tuberculosis	32.54	.07	—	2.19

One interesting case came to the notice of the Department, and this concerned the carcass of a bull which, upon examination, was found to be affected with generalised cysticercus bovis. This necessitated the condemnation of the whole carcass.

**Unsound
foodstuffs**

The following summary indicates the quantity of
foodstuffs examined and found to be unfit for

food:—

TINNED GOODS					<i>Tons</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>
Meat	...	...	...	...	3	12	0	13
Ham	...	...	...	...	1	5	1	19
Fish	...	...	...	...	1	7	0	8
Milk	...	...	...	...		5	1	13
Soup	...	...	...	...	—	5	3	2
Fruit	...	...	...	...	1	16	1	15
Vegetables	...	...	...	...	1	7	0	21
Jams and Marmalade	...	...	...	...	—	3	1	20
Cream	...	...	...	...	—	—	—	16
Various	...	...	...	...	2	3	3	18

PROVISIONS					<i>Tons</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>
Fresh Vegetables	...	...	...	...	—	1	1	22
Fresh Fruit	...	...	...	...	—	14	2	24
Dried Fruit	...	...	...	...	1	9	0	16
Flour	...	...	...	...	18	8	2	22
Cereals	...	...	...	...	—	12	1	1
Biscuits	...	...	...	...	—	1	0	22
Sweets and Chocolate	...	...	...	...	—	13	0	18
Pickles, Chutney and Sauces	...	...	...	...	—	—	1	4
Tea	...	...	...	...	—	1	1	2
Fats	...	...	...	...	—	—	1	4
Cheese	...	...	...	...	—	12	0	4
Cakes and Cake Mixture	...	...	...	...	—	3	2	24
Margarine	...	...	...	...	—	3	1	1
Butter	...	...	...	...	—	—	—	5
Yeast	...	...	...	...	—	—	—	7
Eggs	...	...	...	...	—	13	0	0
Poultry	...	...	...	...	—	1	3	15
Miscellaneous	...	...	...	...	—	—	2	24

MEAT PRODUCTS					<i>Tons</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>
Bacon	...	...	...	...	—	5	1	11
Sausages and Sausage Meat	...	...	...	...	1	3	2	3

Fish Inspection The following summary indicates the quantity of fish and shell fish examined during the year and the quantity found to be unfit for food:—

		<i>Tons</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>
Quantity of fish inspected ...	... 1,793	2	2	0
Quantity of mixed fish found to be unfit for human food ...	... 9	11	0	0
Quantity of smoked fish found to be unfit for human food ...	... —	18	3	21
Quantity of shell fish found to be unfit for human food ...	... —	5	3	11

Inspection of General Provision Shops During the year, 1,043 inspections of general provision shops were made, attention being given to the requirements of the Food and Drugs Act, the Food Handling Byelaws, and the Merchandise Marks Act. Details of the notices served under this legislation are as follows:—

FOOD AND DRUGS ACT AND FOOD HANDLING BYELAWS

<i>Requirement</i>	<i>Number of notices served</i>
Protection of foodstuffs ...	67
Provision of suitable washing facilities, including hot water and clean towels ...	17
Improvement in standard of cleanliness ...	39
Improvement in ventilation ...	1
Provision of refuse receptacles ...	10
Structural repairs ...	17
Miscellaneous ...	10
	—
	161
	—

MERCHANDISE MARKS ACT.

Marking of imported produce ...	7
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At the time of preparing this report, all the requirements of these notices had been met.

Certificates of Merit

In accordance with the policy of the Health Committee, a further three Certificates were awarded to the staff and management of firms maintaining an exceptionally high standard of cleanliness in the storing, preparing and handling of food: the premises concerned were a cafe and two general provisions shops.

At the end of the year, the number of Certificates of Merit still in force was twenty-four.

All the premises in respect of which these Certificates have been granted have been under supervision and the high standard necessary for the award of the Certificates has been maintained.

Contamination of food

During the year, it was found necessary to take legal proceedings under the Food and Drugs Act in connection with the preparation, transport and sale of certain foodstuffs. One case concerned a butcher's shop, of which the occupier was prosecuted for having for the purpose of sale certain unsound meat and further, for having failed to maintain the refrigerator in a proper state of cleanliness. The defendant was convicted and fined a total of £41. A firm of bakers was also proceeded against in respect of the sale of a wrapped sliced loaf of bread containing a soiled, heavily bloodstained bandage and was fined £3.

A snack bar proprietor was fined a total of £3. 10s. 0d. for preparing food on dirty and unregistered premises.

Under the local Food Handling Byelaws made under Section 15 of the Food and Drugs Act, 1938, an employee of a food preparation firm was fined £3 for wearing dirty overalls whilst engaged in preparing meat products and the firm employing him was also fined £5 for permitting the offence.

Under the same byelaws, two employees of a firm of meat carriers were each fined £1 for wearing dirty overalls whilst delivering meat: the firm concerned was also fined £3 for permitting these offences and an additional £3 for failing to keep clean the interior of the vehicle transporting the meat and for carrying offal on the floor of the vehicle without adequate protection.

Other cases of contamination of food came to the notice of the Department during the year, and where the premises concerned were situated in the City, visits were made by the Food Inspectors and the proprietors and employees cautioned as to the need for exercising greater care. When the premises were situated outside Plymouth, warning letters were sent to the firms and the Chief Sanitary Inspectors of the areas informed.

Infectious Diseases

The following pages give tables showing the occurrence of notifiable infectious diseases in 1955 with observations on certain of the diseases.

Incidence. Table 1 on page 68a shows the number of notifications received during 1955 for each disease, classified by age groups.

Table 2 on page 68b shows the quarterly and sex incidence of Infectious Diseases during 1955.

Table 3 on page 69 shows the number of cases of infectious diseases notified to the Health Department during 1955 with comparative figures for the previous four years.

Mortality. Table 4 on page 70 gives the number of deaths due to Diphtheria, Scarlet Fever, Measles and Whooping Cough in Plymouth in the years 1921–1955 inclusive.

Hospital Admissions and Deaths. Table 5 on page 71 shows the number of Plymouth residents admitted to the Scott Isolation Hospital by reason of Infectious Disease and the deaths of Plymouth residents occurring in that hospital.

GENERAL OBSERVATIONS

Notifications of infectious diseases in 1955 totalled 5,643 compared with 1,040 in 1954. The increase was mainly due to 4,627 cases of measles which disease occurs in epidemic form every two years, but there was a small increase in all the diseases except Poliomyelitis, Whooping Cough, Gastro-Enteritis in infants and Puerperal Pyrexia.

Diphtheria. There was a disappointing rise in the number of cases of diphtheria, 8 being confirmed compared with 5 in 1954. It is reassuring that only 2 cases occurred in children under 15 years of age, the most vulnerable group of the population. One was a child aged 5 years, immunised 4 years previously and the other, aged 6 years had no record of being immunised.

The remaining 6 cases were in adults, aged from 19 to 57 years. Only one of these had been previously immunised.

No deaths occurred.

TABLE 1.
INFECTIOUS DISEASES NOTIFIED 1955—BY AGE GROUPS.

DISEASE	<i>Under 1 Year</i>	<i>1-2 Years</i>	<i>2-3 Years</i>	<i>3-4 Years</i>	<i>4-5 Years</i>	<i>5-10 Years</i>	<i>10-15 Years</i>	<i>15-20 Years</i>	<i>20-25 Years</i>	<i>25-35 Years</i>	<i>35-45 Years</i>	<i>45-65 Years</i>	<i>65 Years and Over</i>	<i>Total All Ages</i>
	<i>No.</i>	<i>No.</i>	<i>No.</i>	<i>No.</i>	<i>No.</i>	<i>No.</i>	<i>No.</i>	<i>No.</i>	<i>No.</i>	<i>No.</i>	<i>No.</i>	<i>No.</i>	<i>No.</i>	
Diphtheria	—	—	—	—	—	2	—	1	1	1	1	2	—	8
Dysentery	8	7	7	9	4	20	7	1	—	3	2	2	—	70
Encephalitis	1	1	—	—	1	1	1	—	—	1	—	—	—	6
Erysipelas	—	—	—	—	—	1	—	—	—	7	7	15	8	38
Food Poisoning	2	3	1	1	1	3	—	1	—	10	3	5	2	32
Gastro-Enteritis (under 2 years) ...	42	66	—	—	—	—	—	—	—	—	—	—	—	108
Measles	164	449	590	615	692	2049	47	9	2	3	4	3	—	4627
Meningococcal Infections	1	2	—	—	—	—	—	—	—	—	—	—	—	3
Ophthalmia Neonatorum	5	—	—	—	—	—	—	—	—	—	—	—	—	5
Paratyphoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	8	12	3	8	9	16	6	8	7	12	16	55	46	206
Poliomyelitis and Polioencephalitis	1	2	1	—	1	5	1	2	1	—	1	—	—	15
Puerperal Pyrexia	—	—	—	—	—	—	—	2	11	11	7	—	—	31
Scarlet Fever	—	2	12	12	15	68	6	—	—	1	1	—	—	117
Typhoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhus	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	55	47	54	53	49	107	5	3	—	2	1	1	—	377
TOTALS	287	591	668	698	772	2272	73	27	22	51	43	83	56	5643

TABLE 2.
QUARTERLY INCIDENCE OF INFECTIOUS DISEASES—PLYMOUTH—1955

DISEASE	JANUARY TO MARCH			APRIL TO JUNE			JULY TO SEPTEMBER			OCTOBER TO DECEMBER			TOTALS FOR YEAR		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Diphtheria	—	2	2	—	2	2	1	—	1	—	3	3	1	7	8
Dysentery	4	2	6	1	4	5	18	13	31	15	13	28	38	32	70
Encephalitis	—	1	1	1	—	1	—	—	—	2	2	4	3	3	6
Erysipelas	3	5	8	3	6	9	9	4	13	1	7	8	16	22	38
Food Poisoning	2	—	2	—	1	1	10	6	16	5	8	13	17	15	32
Gastro-Enteritis (under 2 yrs)	22	13	35	19	8	27	16	9	25	11	10	21	68	40	108
Measles	43	44	87	1291	1327	2618	907	991	1898	14	10	24	2255	2372	4627
Meningococcal Infections ...	1	1	2	1	—	1	—	—	—	—	—	—	2	1	3
Ophthalmia Neonatorum ...	2	—	2	1	1	2	—	—	—	—	1	1	3	2	5
Paratyphoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	45	47	92	29	23	52	14	6	20	24	18	42	112	94	206
Poliomyelitis	—	1	1	—	—	—	3	1	4	4	6	10	7	8	15
Puerperal Pyrexia	—	12	12	—	11	11	—	5	5	—	3	3	—	31	31
Scarlet Fever	8	6	14	7	9	16	11	5	16	38	33	71	64	53	117
Typhoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	61	82	143	59	73	132	43	31	74	20	8	28	183	194	377
TOTALS	191	216	407	1412	1465	2877	1032	1071	2103	134	122	256	2769	2874	5643

TABLE 3.

CASES NOTIFIED IN THE CITY DURING THE PAST FIVE YEARS.

<i>Disease</i>	1955	1954	1953	1952	1951
Diphtheria	8	5	21	13	33
Dysentery	70	29	12	28	51
Encephalitis	6	—	2	2	5
Erysipelas	38	24	43	35	55
Food Poisoning	32	15	15	17	30
Gastro-Enteritis (under 2 years)	108	132	93	133	233
Measles	4627	50	4634	1157	5904
Meningococcal Infections*	3	3	7	9	11
Ophthalmia Neonatorum	5	3	7	4	6
Paratyphoid	—	2	—	—	—
Pneumonia	206	192	291	153	249
Poliomyelitis and Polio-encephalitis	15	27	22	9	26
Puerperal Pyrexia	31	40	64	37	33
Scarlet Fever	117	102	302	220	230
Smallpox	—	—	—	—	—
Typhoid	—	1	1	1	1
Typhus	—	—	—	—	1‡
Whooping Cough	377	415	1199	310	1505

* Previous to 1950 this infection was referred to as Cerebro-Spinal Fever.

‡ Imported Case (Tick-borne).

TABLE 4.
MORTALITY FROM CERTAIN INFECTIOUS DISEASES
PLYMOUTH 1921-1955

YEAR	<i>Diphtheria</i>	<i>Measles</i>	<i>Scarlet Fever</i>	<i>Whooping Cough</i>
	<i>No. of Deaths</i>	<i>No. of Deaths</i>	<i>No. of Deaths</i>	<i>No. of Deaths</i>
1921-1930 Average	20	21	3	14
1931-1940 Average	29	8	2	10
1941 ...	28	12	—	11
1942 ...	16	1	—	2
1943 ...	10	8	—	8
1944 ...	4	1	—	1
1945 ...	6	1	—	3
1946 ...	2	1	—	4
1947 ...	2	9	—	2
1948 ...	1	—	—	2
1949 ...	1	1	—	5
1950 ...	—	—	—	3
1951 ...	—	2	—	3
1952 ...	1	—	—	2
1953 ...	—	—	—	3
1954 ...	—	—	—	—
1955 ...	—	—	—	1

TABLE 5
ISOLATION HOSPITAL, PLYMOUTH
ADMISSIONS—PLYMOUTH RESIDENTS—1955
NOTIFIABLE (INFECTIOUS) DISEASES ONLY

							<i>Admitted</i>	<i>Confirmed</i>
Diphtheria	...	...	...	...	...	...	40	8
Dysentery	...	...	...	...	...	...	58	48
Encephalitis	...	...	...	...	...	...	7	6
Erysipelas	...	...	...	...	...	...	5	4
Food Poisoning	...	...	...	...	...	...	22	17
Gastro-Enteritis	...	...	...	...	...	...	103	22
(Under 2 years)								
Measles	...	...	...	...	...	...	56	51
Meningococcal Infections	...	...	...	...	...	...	41	1
Pneumonia	...	...	...	...	...	...	26	20
Poliomyelitis	...	...	...	...	...	...	46	14
Scarlet Fever	...	...	...	...	...	...	15	11
Whooping Cough	...	...	...	...	...	...	27	24

DEATHS OF PLYMOUTH RESIDENTS IN THE ISOLATION HOSPITAL,
1955

Pneumococcal Meningitis	...	...	...	...	...	...	1
Broncho-pneumonia	...	...	...	...	...	...	1
Gastro-Enteritis	...	...	...	...	...	...	2
(Under 2 years)							
Coronary Thrombosis	...	...	...	...	...	...	1
Bilateral abductor, Paralysis of Cords and Aortic Aneurysm							1
Pulmonary Embolism, Saphenous Thrombosis	...	...					1
Acute upper Respiratory infections	...	...					1
Septicaemia due to Broncho-pneumonia	...	...					1
Total Deaths							9

Scarlet Fever. Notification of this disease showed a slight increase from 102 in 1954 to 117 in 1955. The course of the disease was usually mild and there were no deaths.

Poliomyelitis. The number of cases 15, was below the average of recent years and only 5 were left with some paralysis. There were no deaths.

Whooping Cough. 377 cases of whooping cough were notified, compared with 415 in 1954. There was one death, a child aged 7 months, who had not been vaccinated against the disease.

Immunisation against whooping cough has now been practised on a considerable scale for some years and comment is made on this subject in the section dealing with vaccination and immunisation.

Dysentery. 70 cases were notified in the year, the highest number since the war. 60 of these occurred in the last two quarters of the year and 55 were children below 10 years of age. Most of the cases were mild and there were no deaths. In the cases where bacteriological examination was carried out, the organism responsible was the Sonne Dysentery Bacillus.

As is usual with this disease undoubtedly many more cases occurred than those actually notified by medical practitioners. For instance, in an outbreak of dysentery in a primary school of 320 pupils less than 20 cases were notified though the Headmaster estimated that nearly 100 children were affected before the epidemic died out. In many cases parents evidently did not consider that the symptoms were sufficiently severe for the family doctor to be consulted and the patient returned to school probably still infectious in some cases. The manner in which the disease was spread was not established. School meals and water and milk supplies were eliminated as a source of infection and innumerable swabs taken by the Public Health Bacteriologist from conveniences, towels and other objects of possible communal use failed to reveal the bacillus in transit.

With cases being reported from other parts of the city and in the hope of preventing further large outbreaks general practi-

tioners were asked not to return school children or food handlers with symptoms of enteritis to school or work until a negative bacteriological examination of stools had been obtained. The help of Sanitary Inspectors to obtain and send to the Public Health Laboratory the necessary specimens was offered and extensively used.

Through the Director of Education, head teachers were reminded that the disease is usually spread by germs from a carrier or convalescent case reaching the mouth of a healthy person via hands, food or some intermediate article and advised on steps to limit the spread of infection should the disease be introduced into a school.

The measures considered to be most likely to have effect were:—

1. Any child with symptoms of diarrhoea, vomiting or abdominal pain should be excluded and the parent advised to consult the family doctor.
2. W.C's and urinals should be maintained in a scrupulously clean state and seats, door handles and chain pulls should be swabbed with diluted disinfectant every evening.
3. Washing of hands after visits to the lavatories and before taking food should be insisted on. The use of paper towels or individual towels is much to be preferred to communal or roller towels.

It will perhaps be of interest in indicating the duration of the carrier state to record the results of bacteriological examination of samples of stools collected from cases at the request of general practitioners. 69 children were referred and in 53 of these Sonne dysentery organisms were present in the first sample. Subsequent samples from these 53 positive children taken at weekly intervals showed that:—

	5	became	negative	in	1	week.
	9	„	„	„	2	weeks.
	14	„	„	„	3	weeks.
	5	„	„	„	4	„
	2	„	„	„	5	„
	2	„	„	„	6	„
	1	„	„	„	7	„
	2	„	„	„	8	„

1	became negative in 9 weeks.
3	„ „ „ 11 „
1	„ „ „ 16 „
1	„ „ „ 17 „
1	„ „ „ 20 „

6 children left the town whilst still positive, 4 during the 5th week and 2 during the 8th week.

10 adults were also sampled. Of these 5 were positive at the first test and of these:—

2	became negative in 1 week.
2	„ „ „ 2 weeks.
1	„ „ „ 4 „

Most of the children became symptomless in a few days but 37% were still excreting the organism 4 weeks after the illness began.

A number of children particularly those with a prolonged carrier state had treatment with antibiotics or chemotherapy. Information on the nature and amount of specific treatment was insufficient to assess its value in eliminating the organism from the stools, but the impression was gained that it could not be relied upon to bring about an early termination of the carrier state.

Food Poisoning.

32 cases of food poisoning were notified compared with 15 in 1954. 29 of the cases occurred in the 3rd and 4th quarters of the year. As with dysentery, it is probable that only a fraction of the cases which actually occur are notified to the Medical Officer of Health. There must be an appreciable number of cases which remain unrecorded because the symptoms are considered too trivial or fleeting for medical advice to be sought. For instance, in the only outbreak of any size which was brought to light in 1955 only one case was notified but on enquiry 17 other persons were found to have been affected at the same time. This outbreak occurred in a well run and well equipped canteen. Cottage pie was suspected as the vehicle of infection but no samples were available for examination. In the other cases samples of suspected foods were rarely obtainable but in one small outbreak affecting 3 persons, coagulase positive staphylococci were found in ham which had been boiled by the housewife 4 days before consumption.

In 8 other cases food poisoning organisms were identified in samples from the patient (S Typhi-murium: 7, 4 cases in one family; S. Thomson: 1).

Admissions to Isolation Hospital. I am indebted to Dr. D. F. Johnstone, Physician Superintendent of the Scott Hospital, Plymouth, for the following notes on Plymouth cases admitted to hospital:—

During the year 1955, 582 notified cases of infectious disease were admitted from the City of Plymouth. 575 were discharged.

After admission, many of the original diagnoses were amended so that the real incidence of acute infections requiring hospital treatment was relatively small, and there was no epidemic of any kind.

Diphtheria. Thirty-five cases were notified and the diagnosis was corrected in 29 of these as follows, leaving only 8 as true cases of the disease:—

Tonsillitis	...	...	...	...	...	14
Glandular Fever	...	...	...	...	...	9
Vincent's Angina	...	...	...	...	...	2
Laryngitis	...	...	...	...	...	1
Scarlet Fever	...	...	...	...	...	1

Bacteriological proof of Diphtheria is becoming increasingly difficult, as nearly all these cases had Penicillin treatment before admission, and only when improvement failed to take place, were they sent to hospital. Penicillin given prior to the taking of throat swabs nearly always precludes the possibility of a positive result, even in a true case of the disease.

In the eight cases, swabs from the nose and throat were negative in all but two, and the diagnosis was made on clinical grounds, the result of the Schick test and the exclusion of diseases closely simulating Diphtheria, such as Glandular Fever and Vincent's Angina.

Only two cases of Laryngeal Diphtheria were notified and neither of these were substantiated after investigation.

Scarlet Fever. Fifteen cases were admitted, but only 9 were confirmed, the remaining cases turning out to be:—

Rubella	...	...	...	...	...	3
Tonsillitis	...	...	...	...	...	2
Toxic Erythema	...	...	...	...	...	1

Tuberculosis. Forty-seven cases of Pulmonary Tuberculosis, three cases of Tuberculous Meningitis and three children with a Primary Tuberculous Complex, were admitted for treatment.

The incidence of Tuberculous Meningitis in children seems to be lower over the whole area and presumably as sources of open infection are rendered harmless by modern drugs, the incidence should be negligible within the next few years.

Poliomyelitis (Infantile Paralysis) Thirty-three suspects were sent into hospital, but only 12 were found to be suffering from the disease. Of these, only 5 were paralytic and 7 escaped without subsequent paralysis.

All the paralytic cases did well after orthopaedic treatment, the ultimate disability being minimal in nearly all those treated. There were no cases of respiratory failure.

It is hoped that laboratory confirmation of the diagnosis of Poliomyelitis may soon be available in the City and this will be of great assistance in assessing some of the minor cases.

It is easy to miss cases of minor muscle weakness after an apparently “non-paralytic” attack of the disease. In some cases after getting up and about with no apparent weakness, a limp or minor postural defect may occur if the patient is tired or when he resumes his former activities.

It is now the practice to refer every case of “non-paralytic” poliomyelitis to the orthopaedic surgeon a month after discharge from this hospital, so that such defects may be detected early and the necessary treatment given.

Many unexplained curvatures of the spine occurring in children may well be the result of minor attacks of poliomyelitis which have been unrecognised as such.

Further improvements are taking place in the treatment of the various types of respiratory failure and the hospital is keeping fully up to date in these technical advances.

Several years must elapse before the results and effects of Vaccination can be assessed, but it is hoped that eventually Poliomyelitis may join Diphtheria in being a comparatively rare disease.

**Infantile
Gastro-
Enteritis.**

138 cases were notified but only 30 cases were confirmed bacteriologically. The rest were either cases of feeding mismanagement or secondary to some other acute infection. There were only 2 deaths (under 2 years). This is a great improvement on last year, when 51 cases were confirmed and 9 died.

**Other
Diseases.**

303 cases of various other infections were admitted, covering almost the whole field of infectious diseases of one kind or another.

IMMUNISATION AND VACCINATION

A full description of the Authority's provisions for immunisation and vaccination was given in the Annual Report for 1952 and the schemes continued on similar lines in 1955.

Immunisation against Diphtheria. Reference to Table B shows that 2,802 children received a primary course of immunisation in 1955, a small increase over 1954. A further 3,909 children, previously immunised, received a reinforcing injection to keep their resistance to the disease at a high level. The proportion of children immunised has remained steady over the past few years. About two thirds of the child population are immunised before starting school and most of the remainder are immunised sometime during their school life.

TABLE A

Number of children at 31st December, 1955, who had completed a course of Immunisation at any time before that date (i.e., at any time since 1st January, 1941)

<i>Age on 31.12.55 i.e., Born in year</i>	<i>Under 1 1955</i>	<i>1-4 1951-1954</i>	<i>5-9 1946-1950</i>	<i>10-14 1941-1945</i>	<i>Under 15 Total</i>
A. Number of children who have completed course (primary or booster) in the period 1951-1955	352	8,473	12,256	7,715	28,796
B. Number of children who have completed course (primary or booster) in the period 1941-1950	—	—	3,480	6,680	10,160
C. Estimated mid-year child population Immunity Index ...	3,510 10.04%	13,090 64.74%	<div style="text-align: center;"> } 31,300 63.81% A further 32.46% have some residual protection from im- munisations carried out over 5 years ago </div>		47,900 60.12% Plus 21.21% as in previous column

TABLE B

SHOWING THE NUMBER OF CASES AND DEATHS FROM DIPHTHERIA
IN THE PAST 25 YEARS AND THE PRIMARY IMMUNISATIONS PER-
FORMED IN EACH YEAR

Year.	Total Births.	Diphtheria. Total of		Primary Diphtheria Immunisations.			Popula- tion	Attack Rates per 1,000 popu- lation
		Cases.	Deaths.	Ages. 0-5.	Ages. 5-15.	Total No. 0-15.		
1931	3,427	367	17	1,282		1,282	191,800	1.77
1932	3,251	444	20	1,107		1,107	208,440	2.13
1933	3,232	337	18	972		972	206,200	1.63
1934	3,203	376	15	335	363	698	203,450	1.85
1935	3,065	481	23	874	1,244	2,118	203,600	2.36
1936	3,061	455	40	662	1,104	1,766	206,400	2.20
1937	3,073	272	17	500	1,035	1,535	210,460	1.29
1938	3,305	357	15	430	707	1,137	211,800	1.68
1939	3,446	404	25	568	615	1,183	215,500	1.87
1940	3,295	1,361	105	2,812	6,765	9,577	197,800	6.88
1941	2,453	348	28	673	1,244	1,917	149,300	2.33
1942	2,817	227	16	2,323	1,029	3,352	127,300	1.78
1943	3,144	209	10	1,593	1,050	2,643	136,530	1.53
1944	3,477	163	4	1,680	535	2,215	144,700	1.12
1945	3,824	157	6	1,701	417	2,118	157,580	0.99
1946	4,272	68	2	2,223	928	3,151	176,070	0.39
1947	4,490	49	2	2,485	769	3,254	181,600	0.26
1948	4,036	51	1	3,326	323	3,649	188,940	0.27
1949	3,769	29	1	2,636	725	3,361	190,860	0.15
1950	3,534	25	—	2,164	847	3,011	208,960	0.12
1951	3,622	33	—	2,337	371	2,708	219,700	0.15
1952	3,487	13	1	2,731	437	3,168	218,600	0.06
1953	3,643	21	—	2,284	625	2,909	221,400	0.09
1954	3,580	5	—	2,358	440	2,798	217,500	0.02
1955	3,536	8	—	2,367	435	2,802	218,000	0.04

TABLE C
SHOWING THE AGES AT WHICH CHILDREN WERE IMMUNISED AGAINST
DIPHTHERIA IN 1955

	AGE <i>At date of final injection (as regards A) Or of reinforcing injection (as regards B)</i>			
	<i>Under 1</i>	<i>1-4</i>	<i>5-14</i>	<i>Total</i>
A. Number of children who completed a full course of Primary Immunisation in the Authority's area (including temporary residents) during the year ended 31st December, 1955	1,577	790	435	2,802
B. Number of children who received a secondary (reinforcing) injection (i.e., subsequently to primary immunisation at an earlier age) during the year ended 31st December, 1955	—	664	3,245	3,909

Immunisation against Whooping Cough. 2,148 children received a primary course of immunisation against whooping cough, either at the local authority's clinics or from general practitioners participating in the authority's scheme. The great majority of these were infants under two years of age who were inoculated with the combined diphtheria-pertussis antigen which, requiring three injections only, is far more popular and acceptable than separate diphtheria and whooping cough courses necessitating five injections.

Efficiency of Whooping Cough Vaccination. Reference to the accompanying table shows that increasing and quite substantial numbers of children have been vaccinated against whooping cough since 1946. With a view to obtaining if possible some indication of the value of whooping cough immunisation it was decided three years ago to keep under review the records of children born in 1953, with regard to the incidence among them of whooping cough, and their state of vaccination against the disease. This

review was prompted by the introduction in 1953 of the suspended type of vaccine, favourably reported on by the Medical Research Council. Earlier local reviews, admittedly superficial, of the various types of vaccine previously used in Plymouth, had given no statistical indication that they were effective in preventing whooping cough.

The first survey of the 3,535 children concerned has now been made and covers the period up to July, 1955. The assessment is based on notifications of the disease and immunisations performed and is subject to possible errors and omissions in notification. The great majority of the immunised children received their vaccine by means of the combined suspended diphtheria-pertussis prophylactic (Glaxo).

In the whole period, 12 cases were notified in the vaccinated group of 1,586 children and 89 cases in the unvaccinated group of 1,949 children. This result, at first glance, appears overwhelmingly in favour of vaccination, but the number of cases in the respective groups are not directly comparable. This is because 66 of the cases in the unvaccinated group occurred under the age of one year. As immunisation is not usually offered until the 7th month of age, it is impossible to say how many of these cases would have been prevented by immunisation. To obtain a more realistic comparison, these 66 cases occurring in the unvaccinated groups, have therefore been removed from the assessment and the final figures for comparison are:—

12 cases in 1,586 vaccinated children.

23 cases in 1,886 unvaccinated children.

Or for every case in the vaccinated group there were 1.61 cases in an unvaccinated group of similar size.

Though the figures under consideration are small, it is considered that this ratio indicates that vaccination is effective in preventing the disease in an appreciable proportion of subjects. Unfortunately, it was not possible to assess the other property claimed for whooping cough vaccination, i.e. that where it does not prevent the disease, it ameliorates its course. Practitioners were asked to indicate, if possible, the severity of the disease when notifying the case, but insufficient information was received on this aspect to be significant.

Schick tests on a sample of children showed that the diphtheria component of the combined antigen was fully effective.

There seems no doubt that the combined Diphtheria-Pertussis Prophylactic (Suspended) performs its primary function of producing high immunity to diphtheria and, in addition, gives a useful amount of protection against whooping cough.

A further survey of the whooping cough experience of this group of children will be made in July, 1956.

WHOOPING COUGH

<i>Protective Inoculations given (primary courses)</i>									
<i>1946</i>	<i>1947</i>	<i>1948</i>	<i>1949</i>	<i>1950</i>	<i>1951</i>	<i>1952</i>	<i>1953</i>	<i>1954</i>	<i>1955</i>
11	483	1,739	1,908	1,465	1,568	1,976	1,955	2,140	2,148

Vaccination against Smallpox. 1,942 primary vaccinations were performed during 1955, 1,709 of these were infants under one year of age, this number being 48.3% of the births in the year.

Though this percentage cannot be regarded as satisfactory it is encouraging to observe (Table II) that vaccination is not becoming less popular. There has been, in fact, a small but steady increase in the proportion of infants vaccinated every year since the low figure in 1948 (17%) when vaccination became a voluntary procedure. The number of vaccinations carried out at present (48.3%) is much the same as that in the years immediately prior to 1948 when vaccination was still a compulsory measure.

TABLE I—VACCINATION AGAINST SMALLPOX

<i>Number of Persons Vaccinated (or re-vaccinated) during period 1955</i>						
Age at date of Vaccination	<i>Under 1</i>	<i>1</i>	<i>2-4</i>	<i>5-14</i>	<i>15 or over</i>	<i>Total</i>
Number Vaccinated ...	1,709	63	49	41	80	1,942
Number Re-vaccinated	9	2	13	30	170	224

TABLE II—VACCINATION AGAINST SMALLPOX

<i>Year</i>	<i>Births</i>	<i>Primary vaccinations (all ages)</i>	<i>Percentage of Children vaccinated (under 1 year of age)</i>	<i>Re- vaccinations (all ages)</i>
1944	3,016	1,663	55.14	85
1945	3,752	1,803	48.05	39
1946	3,947	1,890	47.88	74
1947	4,490	1,972	43.92	6
1948 (to 4.7.48) ...	2,223	1,011	45.48	—
1948 (from 5.7.48) ...	1,813	322	17.76	69
1949	3,769	1,432	30.5	278
1950	3,534	1,691	33.5	398
1951	3,622	1,975	40.2	832
1952	3,487	1,836	42.9	475
1953	3,643	1,869	40.0	297
1954	3,580	1,692	40.8	239
1955	3,536	1,942	48.3	224

Prevention of Illness Care and After-Care

(A) TUBERCULOSIS

VITAL STATISTICS

Notifications. The number of notified cases of Tuberculosis for the year amounted to 250. This number consisted of 231 Respiratory and 19 Non-Respiratory and shows an increase of 1 Respiratory and a decrease of 6 Non-Respiratory on the figures for 1954. The age and sex distribution is shown in Table I.

TABLE I

<i>Age Groups</i>	<i>Respiratory</i>		<i>Non-Respiratory</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
0-1	—	1	—	—
1-5	2	5	1	—
5-15	12	15	1	—
15-25	37	32	3	4
25-35	27	17	2	1
35-45	25	11	1	—
45-55	10	8	—	3
55-65	13	3	1	1
65 and over ...	10	3	—	1
Totals ...	136	95	9	10

The number of notifications of all forms has fallen gradually since 1950 (Table II). However, the number of cases of respiratory tuberculosis notified has remained fairly constant since 1952.

TABLE II

<i>Year</i>	(A) <i>Notifications</i>		(B) <i>Deaths from tuberculosis of non-notified persons</i>		<i>Percentage of B on A</i>	
	<i>Resp.</i>	<i>Non-Resp.</i>	<i>Resp.</i>	<i>Non-Resp.</i>	<i>Resp.</i>	<i>Non-Resp.</i>
1942	282	77	26	7	9.22	9.09
1948	284	41	14	7	4.93	17.07
1950	299	49	—Not available—			
1952	230	42	9	2	3.91	4.76
1953	228	36	11	3	4.82	8.33
1954	230	25	4	2	1.74	8.00
1955	231	19	3	—	1.30	—

Deaths.

During the year 1955 tuberculosis was registered as the cause of death in 45 persons. One of these was “notified posthumously”, 3 were not notified and in addition 12 persons on the chest clinic register died from causes other than tuberculosis.

The number of deaths has increased this year because some patients with advanced disease can be improved for short periods. The steep fall in the death rate in 1953 and 1954 has been checked this year because of the number of cases where death has been postponed from these years.

Clinic Register.

An analysis of the number of patients on the “live” chest clinic register at the end of the year is shown in Table III.

TABLE III

	<i>Males</i>	<i>Females</i>	<i>Children</i>	<i>Totals</i>
Respiratory ...	961	700	127	1788
Non-Respiratory ...	84	103	67	254
Totals ...	1045	803	194	2042

CHEST CLINIC AND HOSPITAL WORK

Attendances. During the year a total of 3,785 new cases and new contacts was investigated at the chest clinic:—

2,750 were referred by general practitioners for clinical consultation and X-ray.

1,035 were examined as contacts of newly notified cases.

In addition there were 15,118 attendances of old cases. Table IV shows the total annual attendances during the last ten years.

TABLE IV

1946	14,007	1951	19,111
1947	16,618	1952	19,311
1948	18,622	1953	19,674
1949	19,850	1954	18,643
1950	20,811	1955	18,903

Table V shows the number of new cases referred to the Chest Clinic since 1946 and the numbers of contacts both new and old who have been examined. The number of cases of tuberculosis found in each group is also shown.

TABLE V

<i>Year</i>	<i>A</i> <i>Total New Cases examined</i>	<i>B</i> <i>Found to be tuberculous</i>	<i>C</i> <i>New Contacts examined</i>	<i>D</i> <i>Total Contacts examined</i>	<i>E</i> <i>Contacts found to be tuberculous</i>	<i>Ratio of C to B</i>
1946	1,746	327	} Not available	711	23	—
1947	2,098	311		835	21	—
1948	2,295	322		1,394	25	—
1949	2,489	285		1,281	25	2.3
1950	2,266	295	587	1,424	17	2.0
1951	2,585	234	622	1,498	23	2.6
1952	2,682	219	458	1,655	8	2.1
1953	2,375	246	650	1,726	14	2.6
1954	2,556	246	1,238	3,191	18	5.0
1955	2,750	221	1,035	2,588	29	4.7

Evening Clinic. The character of this clinic has been changed during the year. The evening clinic is now devoted to the radiographic examination of suspected cases of pulmonary tuberculosis referred by general practitioners as described below.

General Practitioner X-ray Service. On 21st September, 1955, an X-ray service for general practitioners was started at the Chest Clinic. This service is supplementary to and in no way conflicts with the similar service run by the Mass Radiography Unit. This is carried out with a 75 m.m. Odelca Camera. The results are despatched within 24 hours. Patients with abnormal films are recalled for clinical examination within 9 days. During the 15 weeks up to December 31st, 756 cases were examined, 214 (28%) were recalled, 11 (1.4%) were found to have active pulmonary tuberculosis.

Domiciliary Visits and Consultations. The Consultant Chest Physician made visits to patients in their homes and held consultations at the Hospitals and in the patients' homes at an average of 2 per week.

Special Forms of Treatment. The following procedures were carried out during the year:—

	<i>New Cases</i>	<i>Total</i>
Artificial Pneumothorax and Pneumo-peritoneum Refills	23	1775

These forms of treatment have been replaced to a large extent by anti-tuberculous drugs. They will not be reported in future years.

Hospital Treatment. Recently the general trend of treatment throughout the country has been to attempt the cure of the more advanced cases previously believed to be beyond the reach of the new anti-tuberculosis drugs. As a result the waiting list increased to 26 in November. However, at the same time, modern methods require a shorter period of treatment in hospital and the waiting list should therefore be in a satisfactory state early in 1956.

		<i>Respiratory</i>	<i>Non-Respiratory</i>
<i>Didworthy Chest Hospital </i>	Admissions	165	2
	Discharges	153	2
	Deaths	—	—
<i>Mount Gold Hospital</i>	Admissions	168	44
	Discharges	167	41
	Deaths	14	1
<i>Scott Isolation Hospital</i>	Admissions	55	5
	Discharges	31	4
	Deaths	1	—
<i>Military Families' Hospital </i>	Admissions	60	—
	Discharges	61	—
	Deaths	1	—

PREVENTION OF TUBERCULOSIS

Mass Radiography. I am indebted to Dr. G. Sheers, Medical Director of the Mass Radiography Unit in Plymouth for the following information regarding work carried out by the Unit in Plymouth during 1955.

	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>%</i>
Number of persons examined ...	9,295	10,843	20,138	—
Number recalled for full-sized film 	545	505	1,050	5.2
Number examined clinically ...	150	147	297	1.5

Incidence of Disease					
A. PULMONARY TUBERCULOSIS				<i>Number</i>	<i>Per Thousand</i>
1. Newly discovered significant cases:					
	Requiring treatment ...	...	...	50	2.5
	Requiring observation ...	...	...	58	2.9
2. Inactive, requiring no further action ...				137	—
3. Previously diagnosed				21	—

B. OTHER CONDITIONS

Pneumonia	...	...	...	...	15
Bronchiectasis	...	...	...	...	21 (9 previously diagnosed)
Bronchitis and Emphysema	...	...	...	...	30
Silicosis	...	...	...	...	1
Sarcoidosis	...	...	...	...	3
Carcinoma of the bronchus	...	...	...	...	8
Lung Abscess	...	...	...	...	1
Pulmonary cysts	...	...	...	...	3
Pleuro-pericardial cyst	...	...	...	...	1
Cystic disease	...	...	...	...	2
Spontaneous pneumothorax	...	...	...	...	1
Asthma	...	...	...	...	3
Pleural thickening	...	...	...	...	19
Basal fibrosis	...	...	...	...	13
Enlarged Thyroid	...	...	...	...	2
Enlarged mediastinal gland	...	...	...	...	1
Hiatus hernia	...	...	...	...	1
Cardio-vascular disease:					
Acquired	...	...	...	...	20
Congenital	...	...	...	...	2
Bony abnormalities	...	...	...	...	23

AGE AND SEX DISTRIBUTION IN NEWLY DISCOVERED SIGNIFICANT CASES
OF PULMONARY TUBERCULOSIS

		<i>Under</i> 15	15-24	25-34	35-44	45-59	<i>Over</i> 60
Male	...	5	14	8	4	10	9
Female	...	6	21	19	6	5	1

ANALYSIS OF FINDINGS IN SURVEY GROUPS

	<i>Numbers Examined</i>			<i>Newly discovered significant cases of tuberculosis</i>	
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Requiring Treatment</i>	<i>Requiring Observation</i>
Large Firms	2,208	2,788	4,996	10 (2.0)	16 (3.2)
Small Firms and Offices ...	2,445	1,363	3,808	4 (1.1)	7 (1.8)
General Practitioner Referrals	553	1,008	1,561	13 (8.3)	15 (9.6)
School Leavers	1,534	1,045	2,579	8 (3.1)	4 (1.6)
Students	166	143	309	—	—
School Staffs	244	715	959	—	1 (1.0)
Contact Groups	382	1,228	1,610	3 (1.9)	1 (0.62)
Ante-natal Patients ...	—	1,205	1,205	3 (2.5)	5 (4.1)
Contacts of Tuberculin + ve children	121	175	296	1 (3.4)	1 (3.4)
National Servicemen ...	1,233	—	1,233	3 (2.4)	4 (3.2)
Hospital Staffs	178	603	781	1 (1.3)	1 (1.3)
Public	231	570	801	4 (5.0)	3 (3.7)
TOTALS	9,295	10,843	20,138	50 (2.5)	58 (2.9)

Figures in parentheses indicate incidence per thousand examined

B.C.G. The efficiency of B.C.G. in school leavers has recently been confirmed by the M.R.C. trial. In Plymouth vaccination is confined to tuberculin-negative persons in this group, to contacts of known cases and certain groups who suffer special risks of infection (nurses, etc.). Table VI shows the numbers vaccinated. As far as is known no vaccinated person has developed tuberculosis.

NOTIFICATIONS AND DEATHS FROM TUBERCULOSIS—1914-1955.
and Attack Rate and Mortality per 1,000 population

YEAR	PULMONARY TUBERCULOSIS				NON-PULMONARY TUBERCULOSIS				TUBERCULOSIS (ALL FORMS)			
	New Cases	Attack Rate	Deaths	Mortality	New Cases	Attack Rate	Deaths	Mortality	New Cases	Attack Rate	Deaths	Mortality
1914	370	1.74	262	1.23	131	.62	80	.37	501	2.36	342	1.60
1915	322	1.71	236	1.26	88	.47	84	.45	410	2.18	320	1.71
1916	376	2.04	254	1.37	166	.90	65	.35	542	2.94	319	1.72
1917	364	2.03	243	1.25	103	.57	89	.49	467	2.60	332	1.74
1918	417	2.32	300	1.67	130	.72	89	.49	547	3.04	389	2.16
Average 1914-1918	369	1.97	259	1.35	123	.65	81	.43	493	2.62	340	1.78
1919	266	1.46	231	1.27	74	.41	73	.40	340	1.87	304	1.67
1920	189	1.00	195	1.03	40	.21	46	.24	229	1.21	241	1.27
1921	370	1.85	208	1.04	117	.59	42	.21	487	2.44	250	1.25
1922	395	1.97	218	1.09	92	.46	48	.24	487	2.43	266	1.33
1923	346	1.79	202	1.04	119	.61	44	.23	465	2.40	246	1.27
Average 1919-1923	313	1.61	211	1.09	88	.45	50	.26	401	2.07	261	1.36
1924	294	1.52	209	1.08	92	.48	43	.22	386	2.00	252	1.30
1925	389	1.97	179	0.91	103	.52	44	.22	492	2.49	223	1.13
1926	443	2.36	177	0.95	116	.62	34	.18	559	2.98	211	1.13
1927	358	1.91	182	0.97	115	.61	31	.16	473	2.52	213	1.13
1928	325	1.73	159	0.85	111	.59	32	.17	436	2.32	191	1.02
Average 1924-1928	361	1.89	181	0.95	107	.56	36	.19	469	2.46	218	1.14
1929	300	1.51	166	0.84	78	.39	24	.12	378	1.90	190	0.96
1930	252	1.27	167	0.84	76	.38	33	.17	328	1.65	200	1.01
1931	320	1.67	157	0.69	62	.32	38	.20	382	1.99	195	0.89
1932	273	1.31	162	0.78	70	.33	31	.15	343	1.64	193	0.93
1933	253	1.22	178	0.86	58	.28	24	.12	311	1.50	202	0.98
Average 1929-1933	279	1.39	166	0.90	69	.34	30	.15	348	1.73	196	0.95
1934	246	1.21	167	0.82	63	.31	35	.17	309	1.52	202	0.99
1935	217	1.07	114	0.56	54	.26	30	.15	271	1.33	144	0.71
1936	204	0.98	125	0.60	51	.25	27	.13	255	1.23	152	0.73
1937	225	1.07	147	0.70	52	.25	15	.07	277	1.32	162	0.77
1938	209	0.98	135	0.64	42	.20	27	.13	251	1.18	162	0.77
Average 1934-1938	220	1.06	137	0.66	52	.25	27	.13	272	1.31	164	0.79
1939	194	0.90	138	0.64	51	.24	25	.12	245	1.14	163	0.76
1940	192	0.97	163	0.83	62	.31	25	.13	254	1.28	188	0.96
1941	194	1.30	141	0.94	42	.28	22	.15	236	1.58	163	1.09
1942	243	1.89	121	0.95	57	.44	30	.23	300	2.33	151	1.18
1943	240	1.76	126	0.92	56	.41	28	.20	296	2.17	154	1.12
Average 1939-1943	212	1.36	137	0.85	53	.33	26	.16	266	1.70	164	1.02
1944	233	1.61	124	0.86	38	.26	18	.12	271	1.87	142	0.98
1945	289	1.83	125	0.79	49	.31	16	.10	338	2.14	141	0.89
1946	284	1.61	105	0.60	50	.28	25	.14	334	1.89	130	0.74
1947	297	1.64	143	0.77	54	.29	30	.16	351	1.93	171	0.93
1948	284	1.50	142	0.73	41	.22	22	.12	325	1.72	160	0.85
Average 1944-1948	277	1.64	127	0.75	46	.27	22	.13	324	1.91	149	0.88
1949	273	1.43	119	0.62	30	.16	6	.03	303	1.59	125	0.65
1950	299	1.43	108	0.52	49	.23	15	.07	348	1.66	123	0.59
1951	251	1.14	92	0.42	45	.20	10	.04	296	1.34	102	0.46
1952	230	1.05	49	0.22	42	.19	5	.02	272	1.24	54	0.24
1953	228	1.03	44	0.20	36	.16	5	.02	264	1.19	49	0.22
Average 1949-1953	256	1.22	82	0.40	40	.19	8	.04	296	1.40	90	0.43
1954	236	1.09	30	0.14	26	.12	3	.01	262	1.20	33	0.15
1955	231	1.06	41	0.19	19	.09	2	.00	250	1.15	43	0.19

A rate of .00 indicates that there were too few deaths during that year to be expressed as a rate to two decimal places.

TABLE VI

B.C.G. vaccination in			
School leavers	...	...	1,010
Contacts	...	...	583
Special Groups	...	...	24
<hr/>			
TOTAL	...	...	1,617
<hr/>			

Rehousing. Every co-operation was again received from the Housing Committee in the rehousing of patients found to be living in unsatisfactory conditions. To the 118 cases awaiting rehousing on the 31st December, 1954, were added a further 156 recommended by the Medical Officer of Health. 128 families were rehoused and 22 removed from the list for various reasons, leaving 124 still awaiting rehousing on the 31st December, 1955.

Voluntary Organisations. The Plymouth Tuberculosis Care and After Care Voluntary Committee continued to act as the agent of the Local Health Authority for the welfare of tuberculosis patients. 283 applications for assistance were received, 167 of these being for clothing, 69 for cheap milk, 24 for beds and bedding, and the remainder for furnishings, removal expenses, driving courses, etc.

A total of £1,398. 18s. 1d. was spent in dealing with these applications and a further £87 in arranging outings and parties for the children of the patients.

The main sources of income were the Xmas Seal Sale (£1,022) and the contributions from the Local Authority (£600).

The patients were also assisted by other Voluntary Organisations in Plymouth including the Patients' Voluntary Welfare Fund and the British Red Cross Society.

(B) OTHER ILLNESS

Health Education.

1955 saw no new methods of advising the public about the many ways in which, very often by the exercise of a little thought and common sense, good health can be encouraged and maintained. This does not imply that the Department became less active in this field; on the contrary, not only were all the usual means, such as talks to clubs and groups, talks at Child Welfare Centres, and the use of posters and leaflets, etc., used frequently; in addition, added point was given to many talks by the use of what has now become quite a wide range of film strips from the Department's library. Most subjects capable of being dealt with in this way are now included in the library and they have proved to be of valuable assistance to the Health Visitors and others who use them.

During the year special emphasis was placed on the prevention of accidents in the home and food hygiene.

Although this would be difficult to prove statistically, I am sure that if one takes the long view there is undoubtedly an increased awareness of the importance of a responsible approach to the preventive aspect in the promotion of good health, and local authorities can, I feel, fairly claim that a large measure of credit for this can be given to their efforts in "Health Education".

(C) VENEREAL DISEASES

Contacts of patients attending this or any other Clinic who were persuaded to attend by the Social Worker.

<i>Syphilis</i>		<i>Gonorrhoea</i>		<i>Soft Chancre</i>		<i>Non-V.D.</i>	
<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
—	1	—	17	—	—	—	4

Total number of contacts notified, 32.

TREATMENT CLINIC, S.D. & E.C. HOSPITAL, FREEDOM FIELDS

TABLE "A" TOTAL NEW CASES FOR THE YEAR 1955, INCLUDING TRANSFERS FROM OTHER CENTRES

Year	Syphilis				Chancroid				Gonorrhoea				Non-Venereal				Totals			
	Plymouth	Devon	Cornwall	Totals	Plymouth	Devon	Cornwall	Totals	Plymouth	Devon	Cornwall	Totals	Plymouth	Devon	Cornwall	Totals	Plymouth	Devon	Cornwall	Totals
1950	97	14	3	114	1	-	-	1	148	10	14	172	558	57	48	663	804	81	65	950
1951	66	11	1	78	1	-	-	1	107	10	5	122	464	48	53	563	638	69	59	766
1952	74	11	12	97	5	1	-	6	125	10	7	142	391	49	43	483	595	71	62	728
1953	92	8	8	108	2	-	-	2	127	10	2	139	482	54	34	570	603	72	44	819
1954	61	8	6	75	3	-	-	3	113	8	8	129	496	31	38	568	673	47	52	772
1955	47	10	1	58	1	-	-	1	122	7	4	133	416	25	32	473	586	42	37	665

TABLE " B " NEW CASES FOR THE YEAR 1955,
EXCLUSIVE OF TRANSFERS.

<i>Year</i>	<i>Syphilis</i>			<i>Gonorrhoea</i>			<i>Totals</i>
	<i>Male</i>	<i>Female</i>	<i>Totals</i>	<i>Male</i>	<i>Female</i>	<i>Totals</i>	
1950 ...	46	44	90	127	29	156	246
1951 ...	35	27	62	99	17	116	178
1952 ...	44	38	82	95	37	132	214
1953 ...	60	42	102	97	34	131	233
1954 ..	39	29	68	104	17	121	189
1955 ...	16	26	42	100	23	123	165

Home Nursing

Superintendent: Miss D. WILLIAMS

Patients on books beginning of year, 1955 798

New Patients:

Medical	...	...	...	...	...	...	4,036	
Surgical	...	...	...	...	...	...	693	
Infectious Diseases	...	...	...	...	...	...	17	
Tuberculosis	...	...	...	...	...	...	127	
Maternal Complications	...	...	...	...	...	...	87	
								<hr/> 4,960
Total Patients	...	...	...	...	...	...		<hr/>5,758 <hr/>

New Patients (included above) who were:

O.A.P.	...	...	...	...	...	...	1,911
Children under 5 Years	...	...	...	...	...	...	251
Diabetics	...	...	...	...	...	...	127
Other injections	...	...	...	...	...	...	2,290

Number of Patients taken off after more than 24 visits 462

Number of visits to all patients:

Medical	...	...	...	...	...	...	102,270	
Surgical	...	...	...	...	...	...	21,230	
Infectious Diseases	...	...	...	...	...	...	167	
Tuberculosis	...	...	...	...	...	...	6,359	
Maternal Complications	...	...	...	...	...	...	1,029	
Casual	...	...	...	...	...	...	1,903	
Supervisions	...	...	...	...	...	...	667	
								<hr/>
Total Visits	...	...	...	...	...	...		<hr/>133,625 <hr/>

Visits (included above) to :

O.A.P.	...	...	...	...	...	...	82,142
Children under 5 Years	...	...	...	...	...	...	1,786
Diabetics	...	...	...	...	...	...	25,010
Other Injections	...	...	...	...	...	...	33,193
To patients taken off books who have had more than 24 visits	...	...	...	...	...	...	29,920

Training:

- 4 Students were trained for County Authorities.
- 11 for our own Staff.
- 2 Special arrangements.

There is no special provision made for the Nursing of sick children at home, but there is a big demand which we are able to meet, Otitis Media being by far the most common condition we are asked to treat. We find the mother is the best "Nurse" and readily follows our advice and instructions in nearly every case.

The number of Tuberculosis patients has increased slightly, but the number of visits to these has gone up by over 2,000, this being due to the long courses of Streptomycin.

Visits for giving injections only, have increased by 6,000.

The work has increased in all directions and the total number of visits by over 3,000.

Home Help Service

Organiser: Mrs. P. NODDER

The following is a summary of the work undertaken by the department's Service during the year:—

Visits by Organiser	...	...	...	...	...	...	...	2,039
Number of cases assisted—								
Confinements	...	...	...	...	...	...	...	175
Tuberculosis	...	...	...	...	...	...	...	14
Chronic sick (including aged and infirm)	...	...	...	...	...	...	...	48
General	...	...	...	...	...	...	...	76
Average number of helpers employed weekly	...	...	...	...	...	...	...	26
Total number of hours worked by helpers	...	...	...	...	...	...	...	43,906
Amount recovered from householders	...	...	...	...	...	...	...	£2,170
Number of cases full recovery	...	...	...	...	...	...	...	50
Number of cases part recovery	...	...	...	...	...	...	...	273
Number of cases free	...	...	...	...	...	...	...	4

The number of cases dealt with during the year was almost identical with the previous year and, in fact, the number of confinement cases to whom help was supplied was exactly the same as in 1954.

The keenness and efficiency of the helpers has been maintained and no difficulty has been experienced in recruiting a sufficient number to meet all the demands on the Service. In 85 cases where help was required in cases of confinement the Organiser has been able to transport the helper in her car within a few minutes of the application being made.

The Plymouth Council of Social Service has continued to provide a service for old people and I am indebted to the Secretary for the following information:—

“The year has been one of progress for, at the beginning of the year we were looking after some 540 old people and employing 84 part-time Home Helps, whereas at the end of the year we were caring for 585 old people in their own homes and employing 97 Home Helps. During the year we received 529 new applications for help from the following sources:—”

Applications from the Old Person needing help	...	...	...	...	...	...	74
Requests from relatives or neighbours	...	...	...	...	...	...	110
National Assistance Board	...	...	...	...	...	...	133
Social Workers	...	...	...	...	...	...	92
Hospitals	...	...	...	...	...	...	53
General Practitioners	...	...	...	...	...	...	26
Health Department	...	...	...	...	...	...	41

NATIONAL ASSISTANCE ACTS, 1948 and 1951

REMOVAL OF PERSONS NEEDING CARE AND ATTENTION

Out of the many aged people in the city, 46 (17 males, 29 females) were brought to special notice during the year as possibly requiring admission to a residential home or to hospital as they were receiving insufficient care from other sources.

All these were visited and in 12 cases the old person was found to be sufficiently ill to need admission to hospital which was arranged with the co-operation of the general practitioner and the hospital authorities. In 7 cases, accommodation in a Residential Home was offered and accepted. In 11 cases it was found possible by various means, including additional Home Help assistance, to enable the aged person to continue living at home. In a further 11, no action was required other than an occasional visit by a Health Visitor or Welfare Officer.

In the remaining 5 cases it was found impossible to make any satisfactory voluntary arrangements and it was necessary to apply under the National Assistance Acts for authority to remove the aged person to a Home or Hospital. Details of the individual cases are given below.

ACTION UNDER NATIONAL ASSISTANCE ACT, 1948.

SECTION 47

Case 1.

This was a spinster aged 71, living a hermit-like life in a most insanitary and verminous basement. For many months she resisted all attempts to help her and eventually became so feeble through malnourishment that she was removed to Wolseley Home under a magistrate's Order.

Case 2.

This was a physically handicapped old lady who, because of her advancing senile mental degeneration became in need of constant attendance and was removed to Wolseley Home under an Order.

ACTION UNDER NATIONAL ASSISTANCE ACTS, 1948 AND 1951

Case 3.

This was a spinster aged 62, living alone who became paralysed and incontinent following a stroke. Being urgently in need of constant nursing care, an Order was granted for her removal to hospital.

Case 4.

This was a man aged 82, living alone, who because of feebleness of mind and body was suffering from severe malnutrition. He was removed to Wolseley Home.

Case 5.

This was a widow aged 73, very dirty and deaf whose habits had repelled those who might have helped her. Owing to her degenerating mental condition she was in urgent need of constant care and was removed to Wolseley Home.

It has not been necessary to seek extensions of these orders.

Mental Health

REPORT OF THE SENIOR MEDICAL OFFICER,
DR. N. R. MATHESON

1. *Administration:*

The administration and organisation of the Mental Health Service remains as in previous years. The staff of the Occupation Centres was increased by an additional Assistant Supervisor in January, 1955, so that there will be sufficient experienced staff to man the new Occupation Centre. Unfortunately, the new Centre is not expected to be ready until early summer 1956.

2. *Work undertaken in the Community:*

This continues along the lines described in previous reports. Despite the opening during the year of a new block at Moorhaven Hospital, the bed position continues to be difficult, cases occasionally having to be diverted to Bodmin or Exminster, a distance of over 40 miles.

The bed position at Mental Deficiency Institutions, too, has worsened somewhat during the year, and the Department is being hard pressed trying to find beds for low grade cases who have been on the waiting list for years.

3. *Lunacy and Mental Treatment Acts:*

During the year 220 cases were dealt with by the Duly Authorised Officers under the Lunacy and Mental Treatment Acts, as follows:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Admitted under Section 20, Lunacy Act, 1890 ...	35	14	49
Admitted under Section 21, Lunacy Act, 1890 ...	50	79	129
Certified under Section 16, Lunacy Act, 1890 ...	5	2	7
Admitted as Voluntary Patients	9	24	33
Admitted as Temporary Patients	0	2	2
	99	121	220

In 56 cases reported for investigation no statutory action was taken.

4. *Mental Deficiency Acts:*

66 cases were ascertained as mental defectives during the year, 55 of them being subject to be dealt with under the Mental Deficiency Acts, 1913-38, viz.:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Cases reported by the Local Education Authority:			
Under Section 57/3 Education Act, 1944 ...	10	8	18
Under Section 57/5 Education Act, 1944 ...	14	11	25
Reported from other sources	6	6	12
Reported, but not subject to be dealt with ...	7	4	11
	<u>37</u>	<u>29</u>	<u>66</u>

23 cases were admitted to Institutions during the year, 40 ceased to be under care and 5 died or left the district. Two patients who had been notified as mentally defective by the Education Authority, were thought to have improved sufficiently to warrant a trial at Special School, and were referred to the Education Authority. Both are now at school.

Cases for whom the Local Health Authority was responsible on 31st December, 1955, totalled 928, viz.:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Under Guardianship	2	4	6
Under Statutory Supervision	234	204	438
Under Voluntary Supervision	13	33	46
In Institutions or on Licence	230	208	438
	<u>479</u>	<u>449</u>	<u>928</u>

The Royal Western Counties Institution have continued to do their best to provide short term places under the provisions of Ministry of Health Circular 5/52 for all the patients we put forward. Though part of the Hospital was in quarantine for two periods of several weeks, 5 temporary cases were accepted during the year—each for several weeks' stay.

On 31st December, 1955, there were 27 cases awaiting admission to Institutions.

In addition to the 60 cases attending our Occupation Centres, five spastic defectives are attending a 'Day School' for spastic children, opened in the City in 1955 by the Plymouth School for Spastic Children.

Welfare Services

SENIOR WELFARE SERVICES OFFICER,
H. PATERNOSTER

Administration. On the 1st July, 1955, the Welfare Services Department amalgamated with the Health Department and came under the direct control of the Medical Officer of Health. The Welfare Services Committee, however, continues to operate as a separate Committee of the City Council, the Administrative offices remaining for the time being at 13 Hill Park Crescent.

The Welfare Services Committee have a duty imposed on them under Part III of the National Assistance Act, 1948, to provide accommodation for those in need of care and attention, which is not otherwise available to them. There are further duties imposed regarding the Welfare of the Blind, and the Council has also now approved a scheme for the Welfare of Handicapped Persons. These and other duties under the Act are dealt with below.

Accommodation. It is important to stress the homely atmosphere which exists in Residential Homes; our aim is to provide a "home" in its family sense, so that all residents are regarded as members of one large family.

Accommodation provided under Part III of the National Assistance Act, 1948, includes four new small Homes, which have been opened since the Act came into operation, plus Wolseley Home. The numbers in each Home are set out hereunder:—

Wolseley Home:—			<i>Part III Accommodation</i>	<i>R.H.B. Accommodation</i>
			108 males. 55 females.	62 females
"Glenfield"	...	...	27 females	
"Ingleside"	...	...	35 females	
"Brightside"	...	...	26 males	
"Lakeside"	...	...	35 mixed (consisting of 18 females; 13 males and 2 married couples)	

In addition, accommodation is provided for 30 residents at Gunnerside, a Home run by the Council of Social Service, but for which the Welfare Services Committee is financially responsible,

admissions thereto being dealt with through the Welfare Services Administrative Office. It is hoped eventually to transfer the residents of this Home to a property at Hartley, which the Committee are endeavouring to purchase.

At Wolseley Home improvements are progressing, and while it is more difficult to reproduce a homely atmosphere, because of the overcrowding and the large dormitories and day rooms, all manner of innovations were introduced to try and get away from any institution-like appearance.

Residents in Part III Accommodation pay a minimum charge and retain 7/6d. per week for pocket money, while they also receive an additional issue of sweets and tobacco. With regard to further amenities a Chiropody Service has been instituted at the Homes while Occupational Therapy activities are encouraged; Television is a recent innovation.

A variety of entertainments has been provided throughout the year. The main Annual Outing was held at Looe; in addition, several private outings were arranged on behalf of the residents, while several attended a Circus performance and also were taken to the Pantomime. In addition to entertainments provided by the Council, voluntary Concert Parties have visited. Our grateful thanks are extended to all those people who sent various gifts and gave private entertainment to all the residents of the Homes. Religious Services have continued, the object being to permit all denominations to visit on a Rota basis, and the residents are free to attend these weekly services as they may desire.

Staffing difficulties are experienced because of the great deal of time, patience and devotion required in the care of elderly people.

The Welfare Services Committee is also responsible for the maintenance of 27 residents at Torr Home for the Blind. A total of 13 Plymouth cases are in Part III Accommodation in Residential Homes in other parts of the country, viz., London, Devon, Somerset, and Wiltshire, and for which the Plymouth City Council is financially responsible.

Admissions and Applications. Admissions to Homes are made by application to the officers of the Health and Welfare Department, at 13 Hill Park Crescent. The applications are received by Welfare

Officers, who visit and ascertain whether there is eligibility for admission. The possession of means or otherwise, does not determine the issue; the primary factor is whether the person is in need of care and attention.

The following statistics show the number of applications dealt with by the Department during the year 1955:—

Admissions	177
Referred to Other Areas	28
Other Arrangements	185
Placed on Waiting List	62
<hr/>	
TOTAL NO. APPLIED FOR ADMISSION ...	452
<hr/>	

ADMISSIONS:—

						<i>Females</i>	<i>Males</i>
Wolseley Home ... ..	...	...	...	...	...	31	65
“Brightside” ... ..	...	...	...	...	...	—	11
“Glenfield” ... ..	...	...	...	...	...	3	—
“Lakeside” ... ..	...	...	...	...	...	26	19
“Ingleside” ... ..	...	...	...	...	...	17	—
“Gunnernside” ... ..	...	...	...	...	...	1	4
						<hr/>	<hr/>
						78	99
						<hr/>	<hr/>

The above figures reveal that there is still a steady demand for accommodation by elderly people, especially by women. The present trend shows that more applications are received from the less ambulant and often it is difficult to decide whether they are suitable for hospital or for Part III Accommodation.

Cases “Referred to other Areas” are those where application is made to us from persons outside this City. “Other Arrangements” include those cases which involve a tremendous amount of patient investigation work, and satisfactory arrangements for cases under this heading have been made with relatives or friends or by way of boarding-out; co-operation being maintained with the Council of Social Service in this latter respect.

Temporary Accommodation. The Council has a duty under the Act to provide temporary accommodation for persons who are in urgent need thereof, providing the circumstances that are prevailing “could not have reasonably been foreseen”, or according to the

individual circumstances of the particular case. During the year, 134 applications from families in a variety of circumstances have been dealt with. Accommodation is very limited, and we have only been able to provide for 16 families. The balance still require a great deal of investigation, some being dealt with by the Housing Department, Children Department, and the Council of Social Service, while several cases have been persuaded to make other arrangements. Cases of the problem family type have proven particularly difficult. Early in 1956, a Health Visitor was put on to this work with problem families with a view to the prevention of family break-up and close co-operation is maintained with her.

Registration of Homes. Under Section 37 of the National Assistance Act, 1948, all Old Persons' and Disabled Persons' Homes must be registered with the Local Authority. The under-mentioned Homes are so registered:—

St. Joseph's Home, Hartley	...	Accommodation	96 residents (mixed)
100 Salisbury Road	... ..	„	5 residents
The Mount, Lipson	... ..	„	32 females
“Rosemont”, Wingfield Villas	... ..	„	20 residents (mixed)
Gunnarside	... ..	„	30 residents (mixed)
Torr Home for the Blind	... ..	„	69 residents (mixed)

Visitation and inspection of these Homes are carried out periodically to ensure that conditions of registration are being observed.

Safeguarding Patients' Property. Under Section 48 of the National Assistance Act, 1948, where a person is admitted as a patient to hospital, or accommodated under Part III of this Act, or removed to any other place, and it appears to the Council that there is a danger from loss of or damage to any removable property belonging to the patient, it is the duty of the Committee to take reasonable steps to prevent or mitigate the loss or damage. During the year 21 cases were dealt with. Sometimes the individual authorises the destruction or sale of effects, and appropriate arrangements are made.

Burial and Cremation of the Dead. Under Section 50 of the National Assistance Act, 1948, it is the duty of the Local Authority to arrange the burial or cremation of any person who has died or been found dead in their Area; in any case where it appears to the Authority that no other suitable arrangements for the disposal of

the body have been or are being made. This often entails considerable investigation, tracing relatives, and dealing with personal effects and property. During the year 22 cases were dealt with.

Wayfarers. Clarence House Reception Centre, Stonehouse, is run by the Local Authority on behalf of the National Assistance Board, and accommodation is provided for 80 male wayfarers. Strenuous efforts are made to obtain employment for these individuals. The number admitted last year was 1,226. At Wolseley Home accommodation is provided for female wayfarers, but the numbers accommodated are negligible, and those admitted rarely stay in more than one night.

Welfare of the Blind. Under Section 29 of the National Assistance Act, 1948, it is the *duty* of the Local Authority to make arrangements for promoting the welfare of blind persons, who are resident in this Area. During the Year 1955, 47 persons were newly registered blind, and 24 as partially sighted.

At 31st December, 1955, there were 381 registered Blind Persons and 59 Partially Sighted Persons in Plymouth, and it will be observed from the table overleaf that nearly two-thirds of the registered Blind are of the age of 60 and over.

There are three Home Teachers for the Blind, one of whom is partially sighted, employed by the Plymouth City Council, who work from the Welfare Services Section at 13 Hill Park Crescent.

The Annual Outing, organised by the South Devon and Cornwall Institution for the Blind last year, took place at Torquay, and nearly 300 persons participated (which included the blind person's sighted guide).

As in the previous three years, members of the Plymouth Rotary Club arranged to take a party of nearly eighty blind persons to the Palace Theatre in November last, for the Musical Play, "Lilac Time". The Rotarians paid all expenses, and each blind person was fetched from his or her home and taken back, after the performance, to their place of residence.

In addition there were private outings arranged for the Handicraft Class and also the Social Club, for half-day outings.

The Welfare Services Committee and the Committees of the Blind Institution and Torr Home work in close liason for the benefit of the Blind population of Plymouth.

WELFARE OF THE BLIND—REGISTRATION

Year ended 31st December, 1955

TABLE I—AGE PERIODS OF REGISTERED BLIND PERSONS

	0-5	5-10	11-15	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70 and over	Total
M.	Nil	4	2	2	7	5	16	32	20	23	62	173
F.	Nil	2	—	2	5	5	19	27	11	21	116	208
T.	Nil	6	2	4	12	10	35	59	31	44	178	381

ANNUAL REPORT OF MEDICAL OFFICER OF HEALTH FOR 1955

CIRCULAR 2/53

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY
SIGHTED PERSONS

	CAUSE OF DISABILITY			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental Fibroplasia</i>	<i>Others</i>
(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D.8 recommends :	21	13	1	36
(a) No treatment ...	7	1	1	21
(b) Treatment (medical surgical or optical) ...	14	12	—	15
(c) Educational ...	—	—	—	—
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	10	8	—	14

OPHTHALMIA NEONATORUM

Total number notified in 1955	18
Number (a) vision lost	Nil
(b) vision impaired	Nil
(c) treatment continuing at the end of the year	Nil

**Welfare of the
Physically
Handicapped,
other than the
Blind or Deaf
and Dumb.**

The year 1955 has seen the beginning of the Council's Scheme for the Welfare of Handicapped Persons other than the Blind and Deaf or Dumb.

In order to get some idea of the size and type of the services needed a survey is being made with the help of the

Council of Social Service and other voluntary organisations, and through the medium of the Ministry of Labour Disablement Resettlement Section.

Although the assimilation of information arising from the Survey was the main object during this year, it has been found possible to help people in various ways.

Advice and guidance has been given to many people on personal problems and on obtaining benefits and welfare services. In this way one young man was advised on the best way to obtain shop premises, and he now has a successful business. Two others have obtained employment in the Health and Welfare Department itself. A woman was helped to get employment with a firm as an outworker.

This work of giving advice and guidance can only be successfully conducted in conjunction with other statutory and voluntary organisations and tribute must be paid to the ready co-operation given by the individual officers of Corporation and Government Departments, hospital almoners, and the many voluntary bodies who have been consulted.

The Welfare Services Committee in the year 1955/56 allocated a sum of money for the practical aid of handicapped persons, and this has been mainly expended in the adaptation of premises for the greater convenience of such persons. In particular the growing number of invalid carriages being supplied by the Ministry of Health necessitates the provision of access to roadways, and the Committee has helped many individuals in this respect.

In Plymouth we are fortunate in having many clubs and associations for the benefit of handicapped persons, and in recognition of the services of the Disabled Fellowship Club in particular, the Welfare Services Committee have approved an increase in their annual grant (from £50 to £100 in 1956/57) in aid of the club's activities. Many persons have been accepted as members of the Club on the Welfare Officer's recommendation.

During the year discussions took place at Officer level with the Council of Social Service and the Ministry of Labour about the possibilities of providing a home-workers scheme for homebound disabled persons. Although the Welfare Services Committee have not found it possible to enter into negotiations on a higher level as yet, it is recognised that there is a great need for some such service.

The Committee will be helping those persons who need tuition in home handicrafts during the coming year, by the appointment of a full-time occupational therapist. The Survey has revealed a large number of persons who need some occupational therapy at home. Further information shown by the Survey is the need for a Disabled Persons' Residential Home in Plymouth.

There are ten Plymouth cases, mainly epileptics, who are accommodated in Homes in various parts of the county, for which the Welfare Services Committee has accepted full responsibility.

Statistics. The Minister of Health in Circular 32/51 indicated that statistical information must be compiled as a Register, of those persons who have sought and received help from the Council.

This statistical record has to be analysed in age groups, according to disability and according to ability to undertake employment. The first Return for Handicapped Persons, of age group only, was required in the Ministry of Health Annual Statistical Return for the 31st December, 1955, and the figures submitted were of those persons who had been registered as receiving help up to that date, viz.:—

AGE GROUPS

<i>Under 16</i>		16-64		65 <i>and over</i>		TOTALS	
Male	Female	Male	Female	Male	Female	Male	Female
4	2	84	51	8	4	96	57
						153	

These figures are incorporated as follows in the total survey figures up to the 31st December, 1955.

SURVEY OF HANDICAPPED PERSONS UP TO 31.12.1955

ANALYSIS OF DISABILITY CATEGORIES AND EMPLOYABILITY GROUPS

Dis- ability Cate- gories	Employability Groups (see note below)										Totals
	A		B		C		D		E		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A/E	27	4	2	—	3	—	26	12	—	—	74
F	25	2	2	1	3	7	20	28	—	—	88
G	20	6	3	1	1	2	7	6	1	—	47
H/L	75	5	2	1	7	4	43	18	—	—	155
Q/T	72	8	3	—	7	6	22	11	—	—	129
V	42	12	4	3	7	13	52	43	1	2	179
U/W	16	2	—	—	5	1	24	4	1	1	54
X	48	15	2	3	13	11	52	6	—	—	150
Y	9	8	—	—	1	—	4	4	—	—	26
Z	—	1	—	—	—	—	1	1	1	—	4
	334	63	18	9	47	44	251	133	4	3	906

Disability Category Coding:—

A/E—Amputation.

F—Arthritis and rheumatism.

G—Congenital malformations and deformities.

H/L—Diseases of the digestive and genito-urinary systems; of the heart or circulatory system; of the respiratory system (other than tuberculosis) and of the skin.

Q/T—Injuries of the head, face,neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine.

V—Organic nervous diseases—epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.

U/W—Neuroses, psychoses and other nervous and mental disorders not included in V.

X—Tuberculosis (respiratory).

Y—Tuberculosis (non-respiratory).

Z—Diseases and injuries not specified above.

Employability Groups:—

- A—Handicapped persons (other than children) who though possibly needing training for some new occupation are capable of work under ordinary industrial conditions.
- B—Handicapped persons (other than children) who are incapable of work under ordinary industrial conditions but who are mobile and capable of work in sheltered workshops.
- C—Handicapped persons (other than children) who are incapable of work under ordinary industrial conditions and who are insufficiently mobile for work in sheltered workshops but who are capable of work at home.
- D—Handicapped persons (other than children) who are incapable of, or not available for work.
- E—Handicapped persons who are children under the age of 16 years and whose needs are likely to be met under other enactments but for whom the local authority have a general responsibility under section 29 of the Act.

Many people have sent information concerning themselves, despite the fact that they do not at present feel any need for Welfare Services. They feel that by sending such information they are helping others and ensuring that some service will be available to themselves should they require it in the future.

It is in this spirit of building for the future that we look at the first year's working of the Scheme; for it is certain that, in co-operation with other organisations already mentioned, the Council will, by developing this Scheme, be helping a section of the community who urgently need and deserve these Welfare Services.

Welfare of the Deaf and Dumb. The welfare of the Deaf and Dumb is undertaken by the Plymouth and District Mission and Institute for the Deaf and Dumb. The number of persons registered is as follows:—

AGE GROUPS

<i>Under 16</i>		<i>16-64</i>		<i>65 and over</i>		<i>Total</i>	
Male	Female	Male	Female	Male	Female	Male	Female
16	16	78	59	14	16	108	91
						199	

The Council make an annual grant of £300 to the Institute.

The Plymouth and District Hard of Hearing Club provides social activities for Hard of Hearing persons.

Other welfare needs of such persons have been largely mitigated by the use of hearing aids and where there is no additional disability, the Social Club appears to satisfy the need. The Council make an annual grant of £25 to the Plymouth Hard of Hearing Club.

Civil Defence— The responsibility for organising the Rest Centre
Care of the
Homeless. Service for the care of the homeless falls upon the Welfare Services Department, and in this connection the Rest Centre plan has been prepared, and arrangements are made for training Civil Defence Personnel, who volunteer to serve in the Care of the Homeless Section of Civil Defence. This training continues throughout the year, together with the process of earmarking suitable premises for use as Rest Centres.

Co-operation Throughout all the work carried out by way of
with other
Agencies. welfare services, it is apparent that several agencies and voluntary organisations are involved. It is therefore pleasing to record that the friendliest co-operation has been received from all interested parties, whether voluntary or statutory, and it is certain that the next year will see the good work continued.

Ambulance Service

Ambulance Officer: Mr. R. SAMPSON

Use of the Service.

Demands upon the Service are still increasing and during the past year there was an increase of 2,583 Plymouth patients and 9,041 miles with a further increase of 60 patients and 526 miles on behalf of Devon and Cornwall County Councils. The cost of all work undertaken on behalf of other Councils is recoverable on an ascertained cost basis. The number of rail journeys has increased by 21 making a total of 240 patients sent by this means of transport.

In view of the increasing use of the Service, there is constant consultation between the staff and the hospital officers responsible for ordering journeys. The hospitals appear to exercise care and restraint in making calls upon the Service.

Radio Tele-communication.

This means of communication is more than ever proving a most valuable link between the Control Officer situated at headquarters and the vehicles on service in various parts of the City. Many times it has been possible to divert vehicles from normal routine work to deal with urgent calls. Without the aid of this it is difficult to visualise how the increasing number of calls would be dealt with. The two new vehicles which are mentioned elsewhere in this report have been fitted with this equipment.

Vehicles.

Two Dual-purpose vehicles have been put into service during the year. One to carry six and the other twelve Sitting Case patients. Each is fitted with a stretcher rack in order to carry a stretcher case if necessary. One twenty year old Rolls Royce Ambulance was disposed of and one Austin Welfarer Ambulance was seconded for Civil Defence training.

Civil Defence.

In order to cope with the very necessary training of Civil Defence volunteers who have elected to join the Ambulance and Casualty Collecting Section a member of the staff was seconded for whole-time duty on this work, con-

sequently it has been possible to hold many more classes in First Aid and Section Training. So far 91 volunteers have obtained their Civil Defence First Aid Certificate.

Staff. During the year it was necessary to make increases in both the driving and mechanical staff. Two female drivers were engaged and are employed full-time in the conveyance of Sitting Case patients. Consequent upon taking over the repair and maintenance of the vehicles used by the Midwives and District Nurses at Durnford Street it became essential to engage two garage boys and to operate on a full-time basis the workshops at both Greenbank and Crownhill Ambulance Stations.

Members of the St. John Ambulance Brigade continue to give voluntary assistance and in particular I again pay special tribute to the female members of the Organisation, who so loyally undertake duty with the Ambulance Service. The total number of hours of voluntary duty given was Men 3,653; Women 6,119.

1955

"A" ROAD JOURNEYS:		PLYMOUTH	DEVON	CORNWALL	TOTAL
(a) Ordinary Removals ...		56,010	1,098	63	57,171
Mileage		202,580	27,022	2,800	232,402
(b) Accidents and Sudden					
Illnesses		3,141	—	—	3,141
Mileage		14,580	—	—	14,580
(c) Other Calls		1,826	—	—	1,826
Mileage		3,934	—	—	3,934
Total Mileage ...		221,094	27,022	2,800	250,916

"B" RAIL JOURNEYS:		PLYMOUTH	DEVON	CORNWALL	TOTAL
		236	2	2	240

TABLE SHOWING TOTAL PATIENTS AND MILEAGE LAST FIVE YEARS

YEAR	PLYMOUTH		DEVON		CORNWALL		TOTAL	
	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage
1951	52,703	206,951	1,382	33,108	74	2,888	54,159	242,947
1952	50,000	205,650	1,103	28,781	41	1,716	51,144	236,147
1953	53,280	205,785	1,055	28,307	81	3,520	54,416	237,612
1954	56,568	208,119	1,049	27,306	52	1,990	57,669	237,415
1955	59,151	217,160	1,098	27,022	63	2,800	60,312	246,982

Plymouth Port Health Authority

REPORT OF THE DEPUTY PORT MEDICAL OFFICER,
DR. G. B. CARTER

This report is in the form and sequence prescribed for Annual Reports of Medical Officers of Port Health Authorities by the Ministry of Health, Form Port 20, dated October, 1952.

During the year, the most cordial relations have been maintained with the Customs, Immigration and other officials concerned with the work of the Port of Plymouth, and co-ordination is happily maintained through the medium of the Port Health Inspector, Mr. A. S. Kitt.

The number of ships entering the Port increased by 98 to 1779 (Section II—Table B) though the tonnage decreased by 201,538 to 2,486,498 tons.

There was some increase in the outward and inward passenger traffic (Section III—Table C) largely arising from the series of voyages by the M.V. *Venus* from Plymouth to Madeira.

The amount of rat infestation on board ship and on wharves and warehouses continues to decrease (Section XII—Table E). In 1955, no rats were found on board ship, and only 227 were destroyed in warehouses, wharves, etc., compared with 299 destroyed on ships, and 822 destroyed ashore in 1945.

SECTION I—STAFF. TABLE A

<i>Name of Officer</i>	<i>Nature of appointment</i>	<i>Date of Appointment</i>	<i>Qualifications</i>	<i>Any other appointments held</i>
T. PEIRSON ...	Port Medical Officer	5.12.32	M.D., M.R.C.S., L.R.C.P., D.P.H.	Medical Officer of Health, City of Plymouth.
G. B. CARTER ...	Deputy Port Medical Officer	5.7.48	M.D., D.P.H. ...	Deputy Medical Officer of Health, City of Plymouth.
H. B. BOUCHER	Part-time Port Medical Officer	1.5.50	M.B., F.R.C.S., D.T.M. & H.	Assistant Medical Officer of Health, City of Plymouth.
A. S. KITT ...	Port Health & Food Inspector	3.2.47	Sanitary Inspector's Certificate. Meat and Other Foods Certificate.	—

Address and Telephone number of the Medical Officer of Health:

Port Health Office: Millbay Docks, Plymouth.
Tel. Plymouth 62821, Ext. 245 by day.
Tel. Plymouth 61441, at night and week-end.
City Office: Seven Trees, Lipson Road, Plymouth.
Tel. Plymouth 61081, by day.
Tel. Plymouth 61441, at night and week-end.

SECTION II. AMOUNT OF SHIPPING ENTERING THE DISTRICT DURING THE YEAR

TABLE B

<i>Ships from</i>	<i>Number</i>	<i>Tonnage</i>	<i>Number inspected</i>		<i>Number of ships reported as having or having had during the voyage, infectious disease on board</i>
			<i>By the Medical Officer of Health</i>	<i>By the Sanitary Inspector</i>	
Foreign Ports	757	1,873,600	166	509	13
Coastwise	1,022	612,898	—	709	—
Total	1,779	2,486,498	166	1,218	13

SECTION III. CHARACTER OF SHIPPING AND TRADE DURING THE YEAR

TABLE C

Passenger Traffic:

Number of passengers INWARDS ... 23,846
Number of passengers OUTWARDS ... 4,253

The total number of passengers remaining on board passenger-carrying vessels entering the Port of Plymouth (exclusive of those shown above) was 36,727.

Cargo Traffic:

Principal IMPORTS—

Foreign:

Fertilisers from Ghent, Antwerp and Hamburg.
Basic Slag from Rouen and Dunkirk.
Phosphates from Sfax, Casablanca, Antwerp, Ghent and Rouen.
Potash from Sfax, Hamburg, Antwerp and Bremen.
Fresh fruit from Holland and Italy.
Preserved Meats from Holland.
General foodstuffs from Holland.
Onions from Roscoff and Holland.
Timber from Vancouver, Gothenburg, Kotka and Hamburg.
Grain from Vancouver, Antwerp and Rouen.
Oyster shells from Frederikssund.
Fuel Oil from Trinidad, Abadan and Aruba.
Slates from St. Malo.
Coal from Rotterdam, Calais, Rouen and Dunkirk.

Coastal:

Coal from South Wales and North-East Ports.
Gas Oil from Avonmouth, Thameshaven, Swansea, Hamble and Fawley.
Benzine from Southampton and Fawley.
Motor Spirit from Southampton and Fawley.
Fuel Oil from Swansea, Grangemouth, Hamble and Southampton.
Fertilisers from Middlesborough and Immingham.
Cement and Asphalt from London.
China Clay from Fowey, Charlestown and Par.
Grain from Avonmouth, Newport (I. o. W.) and King's Lynn.
Potatoes from Belfast, Kilkeel and Dundrum.
Fish from Deep sea Fishing Grounds.
Margarine, Fats, Sauces, Syrup, Tinned Fruit, Flour, Jam, Biscuits and Rice from Liverpool.
Coffee, Tinned Vegetables, Cereals, Tinned Milk and Meat from Glasgow and Belfast.

Principal EXPORTS—

Granite chippings and China clay.

Principal Ports from which ships arrive:

<i>Asia and Australasia.</i>	<i>Europe.</i>	<i>America.</i>	<i>Africa.</i>
Adelaide	Amsterdam	Aruba	Beira
Auckland	Antwerp	Baltimore	Bona
Calcutta	Bergen	Boston	Cape Town
Melbourne	Boulogne	Buenos Aires	Casablanca
Port Pirie	Bremen	Cristobal	Mombasa
Rangoon	Brest	Montevideo	Sfax
Singapore	Calais	New York	Takoradi
	Cherbourg	Newport (R.I.)	Tangier
	Dunkirk	Paramaribo	Trinidad
	Göthenburg	Valparaiso	
	Hamburg		
	Kotka		
	Rotterdam		
	Rouen		
	Roscoff		

SECTION IV. INLAND BARGE TRAFFIC

There is no inland barge traffic at the Port.

SECTION V—WATER SUPPLY

- (a) The source of water supply for the Port, British Railway Docks, Cattedown, and Sutton Harbour is from Plymouth Corporation Water Department hydrants on the wharves.
 - (b) Shipping is supplied with water from either the hydrants on the wharves or from the water-boat *Ena*. The water-boat supplies are taken from Corporation hydrants.
-

SECTION VI—PUBLIC HEALTH (SHIPS) REGULATIONS, 1952

(1) *List of Infected Areas.* (Regulation 6).

A list of Seaports and Airports in which a confirmed or suspected quarantinable disease has occurred is supplied weekly by the Ministry of Health. Copies are typed and sent to the Chief Pilot, H.M. Customs, and to all the boarding Medical Officers.

(2) *Radio Messages.* (Regulation 13).

(a) There are no arrangements for sending permission by radio for ships arriving from foreign ports to enter the district, except for foreign warships and Royal Naval Auxiliary vessels, which are in radio communication with the Plymouth Naval Base, and report their state of health prior to entering the Port. Other vessels anchor in the Sound, which is a recognised mooring station, and are there boarded.

Regulations 14 (1) (a) and (2).

(b) Vessels landing passengers, and any vessels requiring the attention of the Port Medical Officer, usually wireless their time of arrival at the Port and the state of health on board to the Agents. The latter then inform the Port Health Authority, and, in the case of vessels landing passengers, give the time that the tender will be leaving the wharf to deal with the vessel, which usually anchors in the Sound. The Medical Officer boards the vessel by means of the tender or the Port Health Launch, whichever is most convenient. If there are any infectious conditions aboard, the vessel is required to give preliminary radio warning, either to the Port Health Authority or to the local Agents in accordance with Regulation 14 of the Public Health (Ships) Regulations, 1952.

(3) *Notifications otherwise than by radio.* (Regulation 14 (1) (b)).

Vessels entering the Port requiring the Port Medical Officer fly the appropriate flag, and are boarded in the Sound by the Medical Officer and the Inspector by means of the Port Health Launch, which is prepared to land cases if necessary.

After office hours, information concerning ships entering the Port flying a signal for the Port Medical Officer is received from the Queen's Harbourmaster, H.M. Customs or Royal Naval Authorities.

(4) *Mooring Stations.* (Regulations 22 to 30).

Jennycliffe Bay in Plymouth Sound is used as a mooring station in the case of vessels which intend entering the Docks.

As the larger liners lie off in Cawsand Bay or just inside the Breakwater, the usual anchorage is regarded as a mooring station.

(5) *Arrangements for:*

(a) *Hospital accommodation for infectious diseases (other than smallpox).*

Cases of infectious disease landed from vessels are admitted to the Scott Isolation Hospital, Beacon Park Road, Plymouth. Cases suffering from Tuberculosis may be accommodated by arrangement at the Mount Gold Orthopaedic Hospital, Plymouth, if unfit to travel to their home address.

(b) *Surveillance and follow up of contacts.*

Where necessary, the names and intended destinations of passengers disembarking from a ship who are contacts of infectious disease are forwarded to the Medical Officers of Health in the appropriate districts.

(c) *Cleansing and disinfection of ships, persons, clothing and other articles.*

When cases of infectious disease are removed from ships in the motor launch *Argus* to hospital ashore, the quarters on board are disinfected with Formalin.

Clothing, bedding, etc., are conveyed to the Scott Isolation Hospital, for disinfection in the Washington-Lyons Steam Disinfector.

SECTION VII—SMALLPOX

(1) *Isolation Hospitals available.*

The first case or cases would be admitted to the Smallpox Hospital, Liskeard, Cornwall (Telephone: Liskeard 2385) staffed from the Scott Isolation Hospital, Plymouth (Telephone: Plymouth 64311 and 61437. Physician-Superintendent: Dr. D. F. Johnstone).

Should it appear likely that more extensive accommodation would be required, arrangements would be made for the Lee Mill Smallpox Hospital, at present used for convalescent Orthopaedic cases, to be re-opened as a Smallpox Hospital.

(2) *Arrangement for the transport of cases to hospital.*

The launch *Argus* of the Plymouth Port Health Authority based at Millbay Docks, Plymouth (Telephone: Plymouth

62821, Ext. 245 by day and Plymouth 61441 at night and week-ends) is available to transport cases from ship to shore. The launch is equipped with a radio transmitter and receiver linked to the Plymouth Ambulance Headquarters.

The crew were re-vaccinated in December, 1952, and are now about to be re-vaccinated. Ambulances of the Plymouth City Council's Ambulance Service (Telephone: Plymouth 64101) are available to transport cases to hospital.

(3) *Smallpox Consultants.*

Plymouth and Cornwall: Dr. D. F. Johnstone, The Scott Isolation Hospital, Plymouth.
Telephone: Plymouth 64311, 61437 and 63358.

Devon and Cornwall: Dr. W. A. Lister, 7 The Crescent, Plymouth.
Telephone: Plymouth 65701 and Devonport 40.

Devon and Cornwall: Dr. C. Seward, 20 West Southern Hay, Exeter.
Telephone: Exeter 2110 and Exmouth 4120.

(4) *Facilities for the Laboratory Diagnosis of Smallpox.*

Materials for the collection of specimens from suspected cases are always available at the Port Health Office, Plymouth.

Specimens would be forwarded to the Virus Reference Laboratory, Central Public Health Laboratory, Colindale Avenue, London, N.W.9.

SECTION VIII—VENEREAL DISEASE

All ships coming into the Docks are boarded by the Port Medical Officer or Inspector, and where necessary, information is supplied concerning venereal diseases. Pamphlets are issued to seamen setting out the times and days of the Venereal Disease Clinics at the South Devon and East Cornwall Hospital, Freedom Fields, Plymouth, together with directions showing the route from the Docks to the Clinic.

The days and hours of attendance for males are as follows:

Monday: 6 to 7.30 p.m.

Tuesday: 10 to 11.30 a.m.

Wednesday: 10.30 a.m. to 12 noon

Thursday: 6 to 7.30 p.m.

Saturday: 6 to 7.30 p.m.

During the year, 53 British and 22 Foreign seamen were treated at the Venereal Diseases Clinic.

The Nationalities were as follows:—

British	53
Dutch	17
Spanish	2
Maltese	3

SECTION IX. CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES ON SHIPS

TABLE D

Category	Disease	Number of cases during the year		Number of ships concerned
		Passengers	Crew	
Cases landed from ships from foreign ports	Chicken Pox ...	1	—	1
	Pneumonia ...	1	—	1
Cases which have occurred on ships from foreign ports, but have been disposed of before arrival	Smallpox ...	—	1	1
	Typhoid Fever ...	1	—	1
	Chickenpox ...	2	1	3
	German Measles .	2	—	2
	Pneumonia ...	2	—	2
	Pertussis ...	1	—	1
Cases landed from other ships	—	—	—	—

SECTION X. OBSERVATIONS ON THE OCCURRENCE OF MALARIA IN SHIPS

There were no cases of malaria brought to notice in ships arriving at Plymouth during the year.

SECTION XI. MEASURES TAKEN AGAINST SHIPS INFECTED WITH OR SUSPECTED FOR PLAGUE.

No plague infected or suspected ships entered the Port during the year.

SECTION XII—MEASURES AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS

(1) All ships arriving at the various wharves are boarded by the Port Health Inspector, and enquiries made of the officers and crew as to evidence of rat infestation. Foremen Stevedores are also questioned as to the presence of rats. Where rat infestation is found, trapping or poisoning is carried out by the Rodent Operator.

(2) All rats caught are destroyed, and specimens are submitted to the City Bacteriologist for examination for evidence of plague. During the year, four rats were examined, with no evidence of plague infection.

(3) Deratting of ships is carried out by fumigation with hydrocyanic acid gas. These fumigations are carried out by private firms under the supervision of the Port Health Authority.

The names of Commercial Contractors who have carried out the fumigation of vessels at this Port are:

1. Fumigation Services Ltd., Barking, Essex.
2. London Fumigation Co., London, E.C.3.

No necessity arose for the fumigation of a ship during 1955, but in the future, if the infestation were small and the vessel was staying a sufficient period of time, the use of Warfarin or "1080" instead of H.C.N. would be considered.

(4) During routine inspection of vessels, the Port Health Inspector calls the attention of the responsible officials to any part requiring rat-proofing. When rat infestation is found, the owner is advised to substitute metal sheathing and expanded metal in place of wooden casings and sheathings round pipes, electric wires, etc., at a point where they pass through bulkheads or from one compartment to another, and to rat-proof provision storerooms and other compartments where necessary. In general, new vessels are found to be satisfactorily rat-proof.

TABLE E

No rodents were found during the year in ships from foreign ports.

RODENTS DESTROYED DURING THE YEAR IN DOCKS, QUAYS,
WHARVES AND WAREHOUSES

<i>Category</i>	<i>Number</i>
Black Rats	82
Brown Rats	145
Species not known ...	—
Sent for examination ...	4
Infected with Plague ...	—

TABLE F

DERATTING CERTIFICATES AND DERATTING EXEMPTION CERTIFICATES ISSUED DURING THE YEAR FOR SHIPS FROM FOREIGN PORTS

<i>No. of Deratting Certificates issued</i>					<i>Number of Deratting Exemption Certificates issued</i>	<i>Total Certifi- cates issued</i>
<i>After fumigation with</i>		<i>After trapping</i>	<i>After poison- ing</i>	<i>Total</i>		
<i>HCN</i>	<i>Other fumigant (state method)</i>					
1	2	3	4	5	6	7
—	—	—	—	—	32	32

Prevention of Damage by Pests Act, 1949 (Application to Shipping)
Order, 1951

Under the above Regulations, 2 Rodent Control Certificates were issued to coastal vessels found free from infestation with rats and mice.

SECTION XIII. INSPECTION OF SHIPS FOR NUISANCES

TABLE G

INSPECTIONS AND NOTICES

<i>Nature and Number of Inspections</i>	<i>Notices served</i>		<i>Result of serving Notices</i>
	<i>Statutory Notices</i>	<i>Other Notices</i>	<i>Complied with</i>
1,218 vessels	—	15	10

SECTION XIV—PUBLIC HEALTH (SHELL-FISH) REGULATIONS, 1934 AND 1948

Under the above Regulations, the following are prohibited areas for gathering mussels, cockles, winkles, limpets, and other shell-fish for human consumption by an order made in 1936:

Hooe Lake.

The Hamoaze, including West Mud.

St. John's Lake.

Off Torpoint Institution.

Weston Mill Lake.

Off Rat's Island.

Mouth of St. Germans River.

Off Saltash.

River Tamar and its tributaries.

Notice boards are maintained in these areas warning persons that the taking of shell-fish for sale for human consumption is forbidden.

No formal action has been necessary under the Regulations.

All oysters from the Yealm Oyster Fisheries are, by a voluntary agreement, subjected to a cleansing process before sale.

SECTION XV—MEDICAL INSPECTION OF ALIENS

(1) *List of Medical Inspectors of Aliens holding Warrants of Appointment:*

Dr. T. Peirson.

Dr. G. B. Carter.

Dr. T. H. Harrison.

Dr. N. R. Matheson.

Dr. H. B. Boucher.

Dr. L. N. Trethowan.

Dr. T. R. W. Forrest.

(2) *List of other staff engaged on this work:*

Nil.

(3) *Organisation of work:*

All ships carrying aliens are boarded by the Medical Officer during the course of duty under the Public Health (Ships) Regulations, 1952. At the same time, aliens are inspected as they pass before the Immigration Officer, and the Medical Officer is available for consultation as necessary with the Immigration Officer.

The great majority of the work in connection with the Medical Inspection of Aliens is carried out by the Deputy Port Medical Officer and the Assistant Port Medical Officer, the remaining Officers performing occasional relief duties.

(4) *Nature and amount of aliens traffic:*

Much of the traffic is composed of incoming passengers from the United States of America, with a small number from Far Eastern Ports and the West Indies. Outgoing traffic is mainly composed of emigrants to Canada and Australia.

During the year, the number of incoming aliens was 7,479, and the number of outgoing aliens was 529.

(5) *Accommodation for medical inspection and examination:*

A room for medical examination is provided in the Port Health Office.

SECTION XVI—MISCELLANEOUS

Arrangements for the burial on shore of persons who have died on board ship from infectious disease.

Disposal of the dead is carried out under conditions prescribed by the Medical Officer of Health in accordance with the nature of the disease. The Public Mortuary is available to accommodate bodies if necessary. Cremation is advocated and is available, locally.

Disposal of cases landed at the Port:

Infectious Diseases:

No major infectious Disease occurred within the area of the Authority during 1955.

Clases landed at the Port:

1. 6th January. One American passenger, suffering from Pneumonia was landed from the M.V. *Venus*, and admitted to the South Devon & East Cornwall Hospital, Greenbank, Plymouth.
2. 25th January. One British passenger, suffering from Chicken-pox was landed from the M.V. *Venus*, and proceeded by car to Hayle, Cornwall.

Cases of non-infectious disease were dealt with as follows:

1. 13th January. One of the crew of the S.S. *Corburn* was landed suffering from stomach pains, and admitted to the South Devon & East Cornwall Hospital, Freedom Fields, Plymouth.
2. 3rd February. One British passenger, suffering from a fracture of right femur, was landed from the M.V. *Venus*, and admitted to the South Devon & East Cornwall Hospital, Freedom Fields, Plymouth.
3. 11th February. One British passenger, suffering from Insanity was landed from the S.S. *Port Wyndham*, and admitted to Moorhaven Hospital, Bittaford.
4. 12th February. One of the crew of the Norwegian vessel M.V. *Venus* was landed, suffering from Appendicitis, and admitted to the South Devon & East Cornwall Hospital, Greenbank, Plymouth.
5. 19th February. One Greek passenger was landed from the S.S. *Challenger*, suffering from Influenza, and admitted to the South Devon & East Cornwall Hospital, Freedom Fields, Plymouth.
6. 5th March. One of the crew of the Dutch vessel M.V. *Ystroom*, was landed, suffering from a neck injury, and admitted to the South Devon & East Cornwall Hospital, Freedom Fields, Plymouth.
7. 21st March. One Jamaican passenger, suffering from Pyrexia, was landed from the S.S. *Fairsea*, and admitted to the Scott Isolation Hospital, Beacon Park Road, Plymouth.
8. 14th April. One British passenger, suffering from Heart Disease, was landed from the S.S. *City of Durham*, and proceeded by car to Kent.

9. 18th April. One British passenger, suffering from Heart Disease, was landed from the S.S. *Meteor*, and admitted to the South Devon & East Cornwall Hospital, Freedom Fields, Plymouth.
10. 18th April. One British passenger, suffering from Coronary Thrombosis, was landed from the S.S. *Meteor*, and proceeded by car to Leicester.
11. 18th April. One British passenger, suffering from Heart Disease, was landed from the S.S. *Meteor*, and proceeded by rail to London.
12. 30th April. One British passenger, suffering from Angina, was landed from the S.S. *Rhodesia Star*, and admitted to the South Devon & East Cornwall Hospital, Freedom Fields, Plymouth.
13. 7th May. One Irish passenger, suffering from Schizophrenia, was landed from the S.S. *Italia*, and admitted to Moorhaven Hospital, Bittaford.
14. 17th May. One of the crew of the Dutch vessel M.V. *Willy* was landed, suffering from Appendicitis, and admitted to the South Devon & East Cornwall Hospital, Greenbank, Plymouth.
15. 4th June. One British passenger, suffering from Insanity, was landed from the S.S. *Italia*, and admitted to Moorhaven Hospital, Bittaford.
16. 29th June. One British passenger, suffering from Insanity, was landed from the S.S. *Italia*, and admitted to Moorhaven Hospital, Bittaford.
17. 3rd July. One British passenger, suffering from Insanity, was landed from the S.S. *Loch Garth*, and admitted to Moorhaven Hospital, Bittaford.
18. 23rd July. One British passenger, suffering from Schizophrenia, was landed from the S.S. *Italia*, and admitted to Moorhaven Hospital, Bittaford.
19. 23rd July. One British passenger, suffering from Schizophrenia, was landed from the S.S. *Italia*, and proceeded by rail to Grangegorman Mental Hospital, Dublin.
20. 12th August. One of the crew of the Swedish vessel, *Arnold Bratt* who died on board from Heart Disease, was landed for cremation at Plymouth.

21. 23rd August. One American passenger, suffering from Acute Appendicitis was landed from the S.S. *Ile de France*. and admitted to the South Devon & East Cornwall Hospital, Greenbank, Plymouth.
22. 9th September. One Italian passenger, suffering from a wound of the left forearm, was landed from the S.S. *Liberte*, and admitted to the South Devon & East Cornwall Hospital, Greenbank, Plymouth.
23. 2nd November. One of the crew of the Colombian vessel, S.S. *Ciudad de Cucuta*, was landed suffering from Appendicitis, and admitted to the South Devon & East Cornwall Hospital, Freedom Fields, Plymouth.
24. 3rd November. One of the crew of the Swedish vessel, S.S. *Arnold Bratt*, was landed, suffering from Appendicitis, and admitted to the South Devon & East Cornwall Hospital, Freedom Fields, Plymouth.
25. 11th November. One of the crew of the Dutch vessel, M.V. *Ystroom*, was landed, suffering from a Gastric Ulcer, and admitted to the South Devon & East Cornwall Hospital, Greenbank, Plymouth.
26. 15th November. One British member of the crew of the M.V. *Kandaw*, was landed, suffering from Appendicitis, and admitted to the South Devon & East Cornwall Hospital, Freedom Fields, Plymouth.
27. 15th November. One British member of the crew of the M.V. *Kandaw*, was landed, suffering from Inguinal Adenitis, and proceeded to his home in Edinburgh.
28. 16th December. One British passenger, who died at sea from Heart Disease, was landed from the S.S. *Reina del Pacifico*, and removed by car to Guildford, Surrey.
29. 18th December. Two British passengers, suffering from Insanity, were landed from the S.S. *Italia*, and admitted to Moorhaven Hospital, Bittaford.

Food Inspection.

During the year, 320 vessels were dealt with under the Public Health (Imported Food) Regulations, 1937 and 1948.

There were 137 from foreign ports and 183 coastwise.

The total amount of foodstuffs voluntarily surrendered and condemned as unsound, unwholesome and unfit for human consumption consisted of:—

81 sacks of Wheat ..	6 Tons 0 cwt. 0 qrs. 9 lbs.
7 cartons of Cheese ..	3 qrs. 21 lbs.
<hr/>	
TOTAL	6 Tons 1 cwt. 0 qrs. 2 lbs.
<hr/>	

No action was taken under the Public Health (Imported Milk) Regulations, 1926, and the Public Health (Preservatives, etc., in Food) Regulations, 1925 to 1948.

The following specimens were submitted to the Public Health Laboratory, Greenbank, Plymouth, for examination:—

<i>Nature of Specimen</i>	<i>From</i>	<i>Examined for</i>	<i>Result</i>
4 Black Rats	Various Warehouses	Plague	No evidence of Plague.
Sea Water	Anthony Passage	B. Coli	Coliform [*] Bacilli 1600 per 100 ml. Faecal Coli—20 per 100 ml.
Oysters	Anthony Passage	B. Coli	No faecal coli isolated.
Oysters	Anthony Passage	Copper content.	Report not yet received.

School Health Service

REPORT OF THE SENIOR MEDICAL OFFICER:

DR. T. H. HARRISON

The periodic medical inspections of children in five age groups at the ordinary schools, and the annual medical inspections of all children attending the day special schools, were continued and over half (53.4%) of all children on the registers of the Authority's schools at the beginning of the year were medically inspected during 1955.

The improvement which had been found in recent years in the general condition of the children continued, and only 0.4% of those inspected were found to be in poor general condition in 1955, compared with 0.95% in 1954 and 1.02% in 1953. In the cases where children were found to be in poor general condition not accounted for by any specific defect, enquiries were made into the adequacy of their diets at home and their parents advised as necessary, and special efforts were made to persuade the parents of those not having school dinners and school milk to let them have them.

The percentage of children found at the inspections to require treatment for all defects, other than defective vision, was 17.2% in 1955, compared with 18.0% in 1954 and 16.3% in 1953, but nearly a third (32.6%) of these defects were already under treatment at the time the children were examined.

The general improvement found in recent years in the cleanliness of the children continued and only 2.3% of all children on the registers were found to be verminous in 1955, compared with 2.5% in 1954 and 3.2% in 1953, but the total number (728) of children found to be verminous in some degree is much too high for the present day.

Less children were treated by the nurses at the school clinics for miscellaneous minor ailments in 1955 than in 1954 or 1953, but the proportion treated of those on the registers was the same as in 1951.

The general and specific preventive work of the service was continued during 1955 and particular attention was given to the prevention of spread of tuberculosis. The measures taken included B.C.G. Vaccination of children in the 13 to 14 years age group, X-ray of chest of children found Mantoux positive when tested for suitability for B.C.G. Vaccination, with the other members of their families, of children in their last year at school, and of children and staffs of schools where infectious cases of tuberculosis had been discovered, annual X-ray of chest of School Health and School Meals Service staffs, and X-ray of chest of students attending for medical examination before entry to Training Colleges for Teachers.

Towards the end of 1954, after consultation with the medical staff of the Special Services Branch of the Ministry of Education, the school medical officers commenced completing medical reports, at the time of the children's final medical examinations before leaving school, for sending to their family doctors, in cases where it was considered that there was information in the school medical records which was likely to be useful or of clinical interest to the family doctors. The reports included summaries of the defects found, advice given regarding employment after leaving school, and notes of special educational treatment given as handicapped pupils, etc. During 1955 a total of 23 reports was sent to family doctors, mainly in cases where it seemed probable that the family doctors had not previously been informed of the defects, etc. In many other cases the family doctors were known to have been aware of the defects or the action which had been taken and in these cases no reports were sent. Consideration however was being given at the end of 1955 to sending reports in all cases where any defects were present at the time of the children's final examinations.

All children in attendance at school were inspected by the dental officers during the year and all extractions done without delay, but some selection was exercised in offering treatment to children requiring fillings, in that fillings were not done in general for temporary teeth and children with bad records of attendance for treatment were not offered appointments as a routine.

The new combined Maternity and Child Welfare and School Health Service Clinic at Honicknowle was completed towards the

end of the summer and brought into use for School Health Service medical and dental clinics. The erection of the new combined clinic at Stonehouse was postponed until the 1956-57 financial year.

At the end of the year the badly needed interior decorations at the Central Clinic were carried out and all clinics now are in a satisfactory condition of decoration. High Street, Stonehouse, clinic urgently needs to be replaced.

A site, at Derriford on the northern outskirts of the City, for a new day Open Air School, to replace the Efford Open Air School was approved during the year and it is planned to be built in the 1957-58 financial year.

The plans for the extension of the Wolsdon Street Day Special School for Educationally Subnormal pupils by two additional classrooms were approved during the year and consideration was given to the erection of a new school, to replace the Mount Tamar Day Special School for Educationally Subnormal pupils, on the site of the Efford Open Air School, when the new Open Air School has been built.

Staff. One of the whole-time medical officers, Dr. D. S. Parken, resigned in March on appointment as Deputy Medical Officer of Health and School Medical Officer of Swindon, and another, Dr. H. M. Tietze, retired in September. No suitable applicants were forthcoming during the year to replace Dr. Parken, but Dr. E. Atkins was appointed in November to replace Dr. Tietze. In addition to these medical officers, five other whole-time medical officers were employed in the service during the year, together with five part-time medical officers and the total time given by all medical officers to the service was equivalent to that of 3.65 whole-time officers throughout the year, compared with 3.76 in 1954 and 3.90 in 1953.

One of the whole-time dental officers, Miss M. Bettinson, resigned in November on appointment to the Colonial Service and Mr. D. Middleton, L.D.S., was appointed to replace her, but did not commence duty until January 1956. There were no changes among the part-time dental officers and the total time given by all the dental officers to the service was equivalent to 4.6 whole-time officers, the same as in 1954.

Ten whole-time school nurses were employed throughout the year. Nurse M. J. Richardson resigned in July and Nurse L. E. Hocken in October and they were replaced by Nurses B. A. Hendy, S.R.N., and P. M. De St. Croix, S.R.N.

Miss M. Wilcocks, appointed as part-time Speech Therapist in September 1954, was appointed as whole-time Speech Therapist as from the 1st January, 1955.

There were no other changes in the professional staff, but Mr. E. T. Perkins, Chief Clerk of the School Health Service, retired in August after 47 years service with the Authority.

As a result of consultations between the Town Clerk, the Director of Education, and the Medical Officer of Health, the staff of the School Health Service was transferred to the establishment of the Medical Officer of Health, as Principal School Medical Officer, in July, and the School Health Service became for administrative purposes a section of the Health and Welfare Department. Mr. L. O. Measures was appointed in October to replace Mr. E. T. Perkins, with the designation of Senior Clerk of the School Health Service section of the Health and Welfare Department.

**Medical
Inspection.**

The figures relating to medical inspection are given in Tables 1A, 1B, 1C, 2A, and 2B, at the end of this report.

TABLE 1A.—*Number of periodic medical inspections.* The total of 16,686 children examined at the periodic medical inspections in 1955, compares with 14,733 in 1954 and 15,329 in 1953.

TABLE 1B.—*Number of other medical inspections.* The number of special inspections in 1955 was 6,220, compared with 6,439 in 1954 and 10,303 in 1953. In 1955, as in 1954, children proceeding to the school camp were medically examined by the School Medical Officers only if the nurses, who inspected all these children, had doubts about their fitness, whereas in 1953 all these children were specially examined by the medical officers. Similarly in 1955 all children were specially inspected for fitness for swimming instruction by the nurses who referred only those about whom they had doubts to the medical officers, who also examined those who had not received a medical examination recently.

TABLE 1C.—*Number of children found to require treatment.* The percentages of children examined at the periodic inspections in 1955, who required treatment for defective vision, and for all other defects, with those for 1954 and 1953 are as follows:—

PERCENTAGE OF CHILDREN REQUIRING TREATMENT					<i>For defective vision</i>	<i>For all other defects</i>
1955	...	...	...	...	6.88	17.2
1954	...	...	...	...	4.6	18.0
1953	...	...	...	...	4.4	16.3

Of the defects of vision found in 1955 44.7% were already under treatment at the time the children were medically examined, and of all other defects 32.6%.

TABLE 2A.—*Number of defects found.* The total number of defects found requiring treatment per 1,000 children medically examined at periodic medical inspections in 1955 was 261, compared with 262 in 1954 and 239 in 1953.

Of the 261 defects per 1,000 children examined in 1955, 69 per 1,000 were for defective vision, 48 per 1,000 for orthopaedic conditions including defective posture and flat foot, 34 per 1,000 for nose and throat defects, mainly tonsils and adenoids, and 22 per 1,000 for skin diseases. The remaining 88 defects per 1,000 children were for all other conditions found requiring treatment.

Chronic Otitis Media. The ears of all children who were medically examined at the periodic medical inspections were examined with an auriscope and the hearing acuity of each ear was tested, usually by a forced whisper test at 20 feet.

The numbers and percentages of children in the age groups found to have otitis media are as follows:—

CASES OF OTITIS MEDIA, 1955

	<i>No. in- spected</i>	<i>No. with otitis media requir- ing treat- ment</i>	<i>Per- centage requir- ing treat- ment</i>	<i>No. with otitis media requir- ing obser- vation</i>	<i>Per- centage requir- ing obser- vation</i>	<i>Total with otitis media</i>	<i>Total Per- centage with otitis media</i>
Entrants to Primary Schools ...	3,731	23	0.62	37	0.99	60	1.61
7-8 Age Group ...	3,471	17	0.49	33	0.95	50	1.44
9-10 Age Group ...	4,436	36	0.81	33	0.74	69	1.55
12-13 Age Group ...	2,566	19	0.74	8	0.31	27	1.05
Leavers at Secondary Schools ...	2,168	7	0.32	18	0.83	25	1.15
Pupils at Special Schools ...	314	9	2.87	5	1.59	14	4.46
TOTALS ...	16,686	111	0.66	134	0.80	245	1.46

From the 1st April, 1955, enquiry was made by the medical officers for any previous history of otitis media and a register was kept of cases of otitis media requiring treatment or observation, with their hearing acuity, and where it could be obtained the Registrar General's classification of their social groups, based on the occupations of their fathers.

Children who were unable to hear a forced whisper at a distance of 20 feet with either the right or the left ear were considered to have defective hearing. The figures are given in the following tables:—

CASES OF OTITIS MEDIA WITH DEFECTIVE HEARING, 1955

	Numbers with otitis media requiring treatment		Numbers of treatment cases with defective hearing		Numbers with otitis media requiring observation		Numbers of observation cases with defective hearing		Totals with otitis media		Totals with defective hearing		Percentage with defective hearing		Total percentage with defective hearing
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	
Entrants to Primary Schools ...	8	5	4	2	10	9	3	8	18	14	7	10	38.9	71.4	53.1
7-8 Age Group ...	3	5	2	3	14	11	11	8	17	16	13	11	76.5	68.7	72.7
9-10 Age Group ...	12	4	5	3	17	14	8	7	29	18	13	10	44.8	55.5	48.9
12-13 Age Group ...	5	2	3	0	5	2	2	1	10	4	5	1	50.0	25.0	42.8
Leavers at Secondary Schools ...	4	2	4	2	5	2	2	1	9	4	6	3	66.7	75.0	69.2
Pupils at Special Schools ...	4	4	1	2	3	3	2	1	7	7	3	3	42.9	42.9	42.8
TOTALS ...	36	22	19	12	54	41	28	26	90	63	47	38	52.2	60.3	55.5

SOCIAL CLASS OF CHILDREN WITH OTITIS MEDIA, 1955

<i>Registrar General's Social Class</i>	<i>Number of children with otitis media in each class</i>			<i>Percentage of children with otitis media in each class</i>	<i>Registrar General's Percentage of each Social Class in the City</i>
	<i>Boys</i>	<i>Girls</i>	<i>Total</i>		
I	4	1	5	3.0	3.4
II	10	5	15	9.1	8.5
III	44	37	81	49.1	62.2
IV	16	11	27	16.4	8.7
V	19	18	37	22.4	17.2
TOTALS ...	93	72	165	100	100

TABLE 2B.—*Classification of the general condition of the children.*
The percentages of those classified as in good, fair or average, and poor general condition for 1955 and the previous 2 years are as follows:—

GENERAL CONDITION OF THE CHILDREN					
			<i>" A " (Good)</i>	<i>" B " (Fair or average) %</i>	<i>" C " (Poor)</i>
			<i>%</i>		<i>%</i>
1955	...	...	47.75	51.83	0.40
1954	...	...	44.15	54.90	0.95
1953	...	...	44.00	58.00	1.00

Reference has been made at the beginning of this report to the procedure followed in cases where children were found to be in poor general condition.

Ascertainment of Handicapped Children.

The numbers of children newly ascertained as handicapped pupils requiring special educational treatment during 1955 are given below. The total of 158 requiring education in special schools or special educational treatment in ordinary schools compares with 191 in 1954 and 196 in 1953. In addition 13 children were newly ascertained to be unfit to attend any school and to require tuition at home, compared with 14 in 1954.

CHILDREN NEWLY ASCERTAINED, 1955

	<i>Requiring education in special schools</i>	<i>Requiring special educational treatment in ordinary schools</i>	<i>Requiring tuition at home</i>	<i>Totals</i>
1. Blind	0	0	0	0
2. Partially Sighted...	0	0	0	0
3. Deaf	1	0	0	1
4. Partially Deaf ...	1	0	0	1
5. Delicate	6	0	0	6
6. Physically Handicapped ...	13	0	13	26
7. Educationally Subnormal ...	74	59	0	133
8. Maladjusted ...	1	1	0	2
9. Epileptic	2	0	0	2
<i>Totals</i> ...	<u>98</u>	<u>60</u>	<u>13</u>	<u>171</u>

Twenty children were ascertained to be ineducable and reported to the Local Health Authority in 1955, and 27 recommended for supervision by the Local Health Authority after leaving school.

Special Schools and Other Provision for Handicapped Children. Reference has been made at the beginning of this report to the proposed provision of new day special schools to replace the Efford Open Air and Mount Tamar Special Schools, and the extension of the Wolsdon Street Special School.

No special difficulty was experienced during the year in the provision for handicapped children apart from those requiring places in the day special schools for educationally subnormal pupils. The parents of about 70% of those still on the waiting lists for these schools at the end of 1955 had refused to consent to the admission of their children and it seems possible that by the end of 1956 there will be vacancies in some of the classes at the day special schools for educationally subnormal pupils unless steps are taken to enforce the attendance of those whose parents have refused consent to their admission.

Figures are not available relating to the position regarding children ascertained as requiring special educational treatment in special schools at the end of 1955, but the position on the 31st January, 1956, was as follows:—

PROVISION FOR HANDICAPPED CHILDREN

	<i>Number attending Day Special Schools</i>	<i>Number attending Boarding Special Schools</i>	<i>Number requiring places in Special Schools</i>		<i>Totals</i>
			<i>Day Schools</i>	<i>Boarding Schools</i>	
1. Blind	0	5	0	0	5
2. Partially Sighted	0	5	0	1	6
3. Deaf	20	2	1	0	23
4. Partially Deaf ...	10	1	0	0	11
5. Delicate	41	3	0	0	44
6. Physically Handicapped	48	4	0	1	53
7. Educationally Subnormal ...	283	7	*67	0	357
8. Maladjusted ...	0	5	0	0	5
9. Epileptic	0	3	0	1	4
<i>Totals ...</i>	<u>402</u>	<u>35</u>	<u>68</u>	<u>3</u>	<u>508</u>

* In the cases of 49 of the 67 children requiring places in day special schools for educationally subnormal pupils, their parents had not consented to their admission.

Cleanliness. There was a further slight improvement in 1955 in the cleanliness of the children and only 2.3% of the total numbers on the registers of all schools were found to be infested with vermin, even in a slight degree.

The arrangements for the examination of children for cleanliness, and for dealing with verminous children, remained as described in previous reports and it was not found necessary to take any formal action under Section 54 of the Education Act, 1944, to obtain the cleansing of those found to be infested, almost all of whom were cleansed by their parents after being told the correct procedure by the school nurses, who lent them Sacker's combs if required.

The figures for 1955 and the previous 2 years are as follows:—

CLEANLINESS OF THE CHILDREN

	<i>Number of cleanliness examinations made by the school nurses</i>	<i>Number of individual children found infested in any degree</i>	<i>Percentage of numbers on the registers</i>
1955	213,720	728	2.3
1954	231,817	769	2.5
1953	197,172	969	3.2

Other Work of the School Nurses. There were no alterations in the other work of the school nurses, which included the annual vision tests at school of all children, special inspections in cases of outbreaks of infectious diseases at schools, visits to homes for follow-up and in connection with the X-raying of children found Mantoux positive when tested for suitability for B.C.G. vaccination, with the other members of their families, treatment of minor ailments at the school clinics, Ultra Violet Light treatment, attendance with the medical officers at the periodic medical inspections at schools and at the medical officer's sessions at the school clinics and residence at the school camp.

The following are some of the figures relating to their work for 1955 and the previous two years:—

OTHER WORK OF THE SCHOOL NURSES

		<i>Number of vision tests made at schools</i>	<i>Number of children referred from vision tests to the S.M.O's</i>	<i>Number of children specially inspected at school for infectious disease</i>	<i>Number of visits to home for follow-up, etc.</i>	<i>Number of treatments given at school clinics</i>
1955	...	30,017	415	872	1,761	46,929
1954	...	35,547	681	747	1,428	50,174
1953	...	32,747	608	1,134	1,451	50,740

Medical Treatment. The only changes during 1955 in the general arrangements for medical treatment were that the newly built combined Maternity and Child Welfare and School Health Service Clinic at Honicknowle was brought into use for Minor Ailments Treatment, School Medical Officer's and Speech Therapy Clinics as from the beginning of the Autumn Term in September, and at the same time the Crownhill Clinic ceased to be used for Minor Ailments Treatment and Medical Officer's Clinics, although some Speech Therapy Clinics were continued there. The clinic arrangements at the time of writing this report are given in the following tables.

The numbers of cases of the various diseases and defects treated by the staff of the School Health Service, and also known to have been treated otherwise during 1955 are given in Table 4 at the end of this report.

SCHOOL CLINIC ARRANGEMENTS

1. CENTRAL CLINIC, SCHOOL HEALTH DEPARTMENT, ROWE STREET.
 - (a) *Nurses' Minor Ailment Treatment Clinics.*
 Monday to Friday 3.30 p.m. daily.
 Saturday 9 a.m.
 - (b) *School Medical Officer's Clinics.*
 Monday, 2 p.m.; Wednesday, 2 p.m.; Saturday, 9.30 a.m.
 - (c) *Speech Therapy Clinics.*
 By appointment, usually on Monday p.m., Tuesday p.m.
 Thursday p.m., Friday a.m. and Saturday a.m.
 - (d) *Ultra Violet Light Clinics.*
 Monday and Thursday ... 9 a.m.
2. STONEHOUSE CLINIC, 30 HIGH STREET, STONEHOUSE.
 - (a) *Nurses' Minor Ailment Treatment Clinics.*
 Monday to Friday 3.30 p.m. daily.
 Saturday 10.15 a.m.
 - (b) *School Medical Officer's Clinics.*
 Tuesday 2 p.m.
3. DEVONPORT CLINIC, OUTRAM VILLA, ALBERT ROAD, DEVONPORT.
 - (a) *Nurses' Minor Ailment Treatment Clinics.*
 Monday to Friday 3.30 p.m. daily.
 Saturday 9 a.m.
 - (b) *School Medical Officer's Clinics.*
 Thursday 2 p.m.
4. NORTH PROSPECT CLINIC, NORTH PROSPECT SCHOOL, SWILLY.
 - (a) *Nurses' Minor Ailment Treatment Clinics.*
 Monday to Friday 3.30 p.m. daily
 Saturday 9 a.m.
 - (b) *School Medical Officer's Clinics.*
 Friday 2 p.m.
 - (c) *Speech Therapy Clinics.*
 By appointment, usually on Monday a.m. and Wednesday p.m.
5. ST. BUDEAUX CLINIC, STIRLING ROAD, ST. BUDEAUX.
 - (a) *Nurses' Minor Ailment Treatment Clinics.*
 Monday to Friday 3.30 p.m. daily.
 Saturday 10.15 a.m.
 - (b) *School Medical Officer's Clinics.*
 Thursday 2 p.m.
6. HONICKNOWLE CLINIC, MONTACUTE AVENUE, HONICKNOWLE.
 - (a) *Nurses' Minor Ailment Treatment Clinics.*
 Monday to Friday 3.30 p.m. daily.
 Saturday 9 a.m.
 - (b) *School Medical Officers' Clinics.*
 Tuesday 2 p.m.
 - (c) *Speech Therapy Clinics.*
 By appointment, usually on Tuesday a.m., Wednesday a.m.
 and Friday p.m.

7. EFFORD CLINIC, 121 EFFORD ROAD, PLYMOUTH.

(a) *Nurses' Minor Ailment Treatment Clinics.*

Tuesdays and Thursdays ... 3.30 p.m.

(b) *School Medical Officer's Clinics.*

Thursday ... 3.30 p.m.

(c) *Speech Therapy Clinics.*

By appointment, usually on Thursday a.m.

8. CHILD GUIDANCE CLINIC, CATHERINE STREET, PLYMOUTH.

Monday to Friday, 9 a.m. and 2 p.m.; Saturday, 9 a.m.

The Central Clinic and Child Guidance Clinic are open throughout the year. The other clinics are closed during school vacations apart from specially arranged clinic sessions.

Skin Diseases. No cases of ringworm of the scalp were seen at the school clinics during 1955, as in 1954, compared with 1 in 1953, and only 26 cases of ringworm of the body in 1955, compared with 33 in 1954 and 54 in 1953.

The number of scabies cases treated was 42 in 1955 compared with 35 in 1954 and 46 in 1953.

There was an increase in September 1955 when the schools reopened after the Summer vacation in the number of impetigo cases seen at the school clinics, and during 1955 208 cases were treated, compared with 143 in 1954 and 144 in 1953. All other skin defects treated at the clinics in 1955 numbered 568, compared with 443 in 1954 and 419 in 1953.

Eye Diseases, defective vision and squint. Less cases of external eye diseases were treated at the school clinics in 1955, viz. 259, compared with 299 in 1954 and 485 in 1953.

More errors of refraction were however known to have been treated at the Plymouth Royal Eye Infirmary, or by opticians, in 1955, viz. 1,633 compared with 1,014 in 1954 and 1,115 in 1953, although only 712 cases were referred directly to the Eye Infirmary by the School Health Service in 1955, compared with 767 in 1954.

By the end of 1955 the delay before children who had been referred for refraction to the Eye Infirmary were seen there had been reduced from about five months to about two and a half months, in spite of the increased numbers of cases known to have been dealt with.

During 1955 a total of 1,245 cases of replacement and repair of children's glasses was dealt with by the National Health Service Ophthalmic Services Committee who decided in 260 cases that there had been lack of care on the part of the children. The cost in these cases totalled £227. 5s. 10d., which was charged to the Authority, compared with £187. 14s. 9d. for 273 cases, out of a total of 1,230 dealt with, in 1954.

Diseases and defects of the ear, nose and throat. A total of 298 ear, nose and throat defects were treated at the school clinics in 1955 compared with 268 in 1954 and 492 in 1953. The majority of these cases were ear defects.

In addition 59 cases were known to have received operative treatment at the South Devon & East Cornwall Hospital, Plymouth, during 1955, 52 of which were for adenoids and chronic tonsillitis. Two other cases were known to have received non-operative treatment at the hospital during the year.

This compares with 46 cases known to have received operative treatment (42 for adenoids and chronic tonsillitis) and 30 non-operative treatment in 1954, and 48 cases known to have received operative treatment (34 for adenoids and chronic tonsillitis) and 51 non-operative treatment in 1953.

Orthopaedic and Postural Defects. Eighty-six children were known to have been treated as in-patients at Mount Gold Orthopaedic Hospital during 1955, compared with 152 in 1954 and 86 in 1953. In addition 233 children were known to have been treated as out-patients in 1955, compared with 231 in 1954 and 113 in 1953.

As in the previous two years only definite orthopaedic cases and those postural cases not responding to remedial exercises at home were referred to the Orthopaedic Surgeons. Purely postural cases were given instructions regarding exercises to do at home and where it could be arranged at school. The latter usually were at the Secondary Grammar Schools where there were qualified teachers of Physical Education on the staff.

Child Guidance. The number of children treated at the Child Guidance Clinic in 1955 was 224, compared with 164 in 1954 and 86 in 1953, and the following report on the work of the Child Guidance Clinic during 1955 has been made by Dr. J. M. Gilroy, Consultant Psychiatrist at the clinic:—

CHILD GUIDANCE CLINIC

	<i>At</i> <i>31.12.55</i>	<i>At</i> <i>31.12.54</i>	<i>At</i> <i>31.12.53</i>	<i>At</i> <i>31.12.50</i>
(a) On treatment waiting list	31	46	54	74
(b) On Diagnostic waiting list	70	48	25	37
	<i>Year</i> <i>1955</i>	<i>Year</i> <i>1954</i>	<i>Year</i> <i>1953</i>	<i>Year</i> <i>1950</i>
(c) New Referrals	306	236	152	121
(d) Cases given full clinical investigation	230	176	159	84
(e) Individual treatment interviews	1,194	1,077	547	516
(f) Clinic interviews by Psychologist	417	349	229	241
(g) Visits by Psychiatric Social Workers	95	198	276	587
(h) Cases closed	143	72	131	18
(i) Cases undergoing Social Supervision	86	97	26	36

“The figures for four years are given with a view to demonstrating the increasing demand for the services of the Clinic. In the Annual Report for 1954 reference was made to a steep rise in the referral rate, which began at the end of that year; this trend continued during 1955, with the result that the referral rate is now twice what it was two years ago. This increase is all the more significant when it is pointed out that there has been no increase of sessions for more than two years. It has only been possible to deal with a greater number of new patients during the past year by devoting to many of them much less time than was desirable. However, a certain minimum standard of efficiency must be maintained, if the referral of patients to the Clinic is to prove of any value.

Staff. Dr. E. A. Ritchie was appointed to another post and was replaced by Dr. A. G. Roberts, who took up duty on August 6th. Dr. T. E. Hall, who left for a similar reason, was replaced by Dr.

A. A. Reid on 28th September. With these exceptions, the staff of the clinic remains the same as at the end of last year. There are thus ten medical sessions provided by five part-time doctors, one whole-time Educational Psychologist, two whole-time Psychiatric Social Workers and one whole-time secretary.

Health Visitors. At the request of the Medical Officer of Health, instruction in child psychiatry has been provided for Health Visitors by means of a weekly case conference.

Conclusion. I am very grateful to all my colleagues for the manner in which they have met the increased demands of 1955, but I feel a special word of praise is due to the two Psychiatric Social Workers on whom the burden has fallen most heavily."

Speech Therapy. Speech Therapy was given during 1955 by Miss M. Wilcocks, whole-time Speech Therapist, and Mrs. J. Warn, part-time Speech Therapist. The work of the Speech Therapy Clinic is reported on by Miss M. Wilcocks as follows:—

"Sessions were held at the Rowe Street, North Prospect, Crownhill, Albert Road and Efford Clinics. Towards the end of the year sessions were started at the Honicknowle Clinic which greatly relieved parents from the surrounding districts who had found the journey to the North Prospect or Crownhill Clinics too far.

On an average each child received about 20 minutes individual treatment once a week, with the exception of a few of the more backward children who attended twice. Some of the stammering children were formed into small groups and attended once a week for an hour.

It is interesting to note that many of the children between the age of 6–10 years were either well above or well below reading average. The parents of the more backward children were grateful when a few minutes of the Speech Therapy session were devoted to a little reading practice. For this reason the clinic equipment bought during the year consisted chiefly of graded reading books and educational toys.

The clinic is still in need of a recording machine. It is felt that if the speech-defective child can hear for himself where he is

at fault, his progress towards good speech will be greatly encouraged. This is especially necessary with the children suffering from the various types of sigmatisms. At the same time the Speech Therapist is able to keep a record of each child's progress.

It was found necessary to refer about half a dozen of the more psychologically disturbed children to the Child Guidance Clinic and helpful advice was given not only to the parents of the child but also to the Speech Therapist.

On the whole, attendances throughout the year were good and the results satisfactory.

The figures for 1955 are as follows:—

CHILDREN TREATED BY THE SPEECH THERAPISTS, 1955

		<i>Numbers Cured</i>	<i>Numbers Improved</i>	<i>Numbers Defaulted</i>	<i>Numbers under treatment at the end of the year</i>	<i>Total numbers treated</i>
Dyslalia ...	...	40	6	6	41	93
Alalia ...	...	—	—	—	2	2
Sigmatisms ...	...	14	5	3	12	34
Stammering ...	...	11	23	2	26	62
Cleft Palate ...	...	4	—	—	8	12
Indistinct Speech ...	...	3	—	—	—	3
TOTALS ...	...	72	34	11	89	206

At the end of 1955 there was a waiting list of 21 children."

Dental Inspection and Treatment. Mr. R. M. Maynard, Principal Dental Officer, has made the following report:—

"*Staff.* At the beginning of November 1955, Miss M. C. Bettinson, L.D.S., who had worked with us for four years, left to take up an appointment in the Colonial Service, and her place was taken over by Mr. D. Middleton, L.D.S., in January 1956, so that there was only a break of seven weeks in the treatment at the High Street Clinic.

The effective strength over the year was 4.6, there being four full-time and three part-time dentists.

Inspections. The staff were out inspecting at schools on 244 sessions, and all schools were visited once during the year. The

numbers again showed an increase—29,302 children inspected at schools, and 2,807 at the clinics, giving a total of 32,109, or 1,935 more than in 1954.

Of this number 19,635 (61%) were found to require treatment, though there would be an additional number of mouths showing decay of temporary teeth, too widespread to include as suitable for filling and yet likely to last a further year without causing trouble.

Of those requiring treatment 13,191 were offered treatment, the difference being essentially that the fillings in the temporary teeth were left, and children with bad attendance records were also not sent for.

Treatment. During the year 196 sessions were worked as general anaesthetic sessions and 1,677 as filling sessions. 3,324 general anaesthetics were administered, or an average of 17 per session. A total of 1,986 permanent and 6,400 temporary teeth were extracted, giving a ratio of permanent to temporary teeth of 1 : 3.2. It is now possible to give anaesthetic facilities every day of the week to any child really requiring them.

9,106 fillings were inserted in 7,942 teeth, all except 276 being permanent teeth, giving an average per session of 5.5 fillings and an average of fillings per tooth of 1.1. At Plymouth, mo and do cavities are counted as one filling, but apparently other authorities calculate differently.

The number of attendances made for treatment was 13,344 and the number actually treated 5,550, or an average of 2.4 attendances each.

During these treatment sessions 125 regulation plates, 20 repairs, 46 dentures, and 18 crowns were fitted, and 2,937 'other operations' were carried out, which were split up this year into Zinc oxide dressings 2,024, Sc. & Polish 189, Root Treatment 54, Gum Treatment 110, Silver nitrate 63 and Locals 497.

Premises. There has been a very great improvement in the clinics over the last two years, much to the satisfaction of the staff, and there are now four clinics, which are either new, or recently redecorated. In connection with the fitting out of new surgeries it is suggested that the Ministry of Health should draw up specifications for the few major items of equipment in a dental surgery,

and that the Ministry itself should buy in bulk the yearly requirements from one or more dental manufacturers, and supply the equipment, as new surgeries are built, to local authorities. Such an arrangement would at once eliminate argument as to what is the correct equipment for a dental surgery, and also, as Service experience showed during the war, enable the very high prices of dental equipment to be reduced.

Dental Education. With a limited number of dentists the basic aim is to fill the permanent teeth. Dentists, and Health Visitors, naturally mention the care of the teeth, as occasion warrants, to patients coming in for treatment, but the general education of the mass is not attempted. Such education is necessary as a counterblast to the shop window, large or small, once again carrying the pre-war abundance of sweets. It is suggested, therefore, that those teachers at present giving lectures on hygiene to the older children might find the films prepared by the Dental Board useful.

Orthodontics. The report on the appointment of an orthodontist under the Regional Hospital Board has, it is understood, now been sent in. As already stated we have need of orthodontic opinion, with sufficient experience after the basic orthodontic training, to be able to take over the difficult case and to clearly differentiate the hopeless case.

Maternity and Child Welfare. Figures showing the treatment given to mothers, and young children under 5 years, during 1955 are given below.

Only one clinic, Beaumont House, has sessions devoted entirely to this type of work, and there were 130 such sessions during the year.

At the other clinics mothers and young children are fitted in with children of school age. This is not, of course, an ideal arrangement, but with less than five whole-time dentists to a school population of 32,000, it would not appear justifiable to allocate further full-time sessions to Maternity and Child Welfare work."

DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS,
AND CHILDREN UNDER FIVE YEARS, 1955

	<i>Examined</i>	<i>Needing Treatment</i>	<i>Treated</i>	<i>Made Dentally Fit</i>	<i>Crowns</i>
Expectant and Nursing Mothers—					
Beaumont House ...	225	209	187	127	1
Other Clinics ...	91	86	145	52	—
Children under Five—					
Beaumont House ...	231	167	175	150	—
Other Clinics ...	160	126	135	98	—

	<i>Extractions</i>	<i>Anaesthetics</i>		<i>Fill- ings</i>	<i>Scal- ings or Scal- ing and Gum Treat- ment</i>	<i>Sil- ver Ni- trate Treat- ment</i>	<i>Radiographs</i>	<i>Dentures Provided</i>	
		<i>Local</i>	<i>General</i>					<i>Complete</i>	<i>Partial</i>
Expectant and Nursing Mothers—									
Beaumont House	360	—	71	211	79	18	53	22	20
Other Clinics ...	121	16	26	122	18	1	—	2	3
Children under Five—									
Beaumont House	359	—	119	124	—	53	10	—	—
Other Clinics ...	239	—	98	62	—	15	—	—	—

**Mass
Radiography.**

The previous arrangements for the annual X-ray of chest examinations by the Plymouth Mass Radiography Unit of Secondary School Leavers, Teaching Staffs, School Health and School Meals staffs were continued during 1955.

In addition, the whole of the children and staffs at four schools were specially X-rayed by the Unit in 1955 after discovery of infectious cases of tuberculosis at each of these schools, all Secondary Schools. In one Secondary Modern School the infectious case was a woman member of the teaching staff and in two other Secondary Modern Schools the cases were pupils. The remaining school was the Secondary Grammar Girl's School where several cases had

occurred among the pupils in 1954 and where one further case was found in January 1955 and two further cases in July 1955. At this school all the children and staff were re-X-rayed in January, July and December 1955 and previous staff of the school were traced. By the end of 1955 the outbreak appeared to have come to an end, the only new case found in the last six months of the year being a contact of her mother who had died of tuberculosis.

The following are the figures for children for 1955:—

MASS RADIOGRAPHY, 1955

Number of Children with satisfactory miniature films	...	...	3,854
Number of Children recalled for full-sized films, found to be satisfactory	...	...	142
Number of Children recalled for full-sized films and clinically investigated	...	...	44
TOTAL			4,040

These 4,040 X-ray examinations of chest resulted in a total of 13 active cases of tuberculosis requiring treatment being discovered (0.32%) together with 14 cases requiring observation (0.35%). The 13 active cases included the 4 found at the Secondary Grammar Girls School referred to above.

B.C.G. Vaccination against Tuberculosis.

B.C.G. Vaccination against tuberculosis was continued at the school clinics by the School Medical Officers throughout 1955, during the time the schools were open, and offered to all children born in the year 1941 in attendance at the Authority's schools and the four Independent Direct-Grant Grammar Schools in the City. Approximately 60% of those offered vaccination accepted.

The figures for 1955 and 1954 are as follows:—

B.C.G. VACCINATION AGAINST TUBERCULOSIS

	1955	1954
Number of children given a preliminary Mantoux Test	1,135	305
Number found Mantoux positive and not requiring vaccination	212	63
Number vaccinated with B.C.G.	927	242
Number Mantoux tested after B.C.G. Vaccination	921	242

The percentage of children found to be Mantoux positive at the preliminary Mantoux Test was 18.7% in 1955, compared with

20.7% in 1954. The families of all these children were visited by the school nurses, who made appointments for the children, and the other members of their families who consented, to be X-rayed at the Plymouth Mass Radiography Unit.

Immunisation against Diphtheria. There were no changes during 1955 in the arrangements for diphtheria immunisation, which was carried out at the school clinics by the School Medical Officers. Preliminary Schick Tests were given to children of 10 years of age and over who had not been immunised previously and approximately 10% of all new cases completed were given a Schick Test 3 months after the completion of their course of immunisation as a check on the procedure and the materials used.

The figures for 1955 and the two previous years are as follows:—

DIPHTHERIA IMMUNISATION			
	1955	1954	1953
Number of new cases completed ...	376	390	534
Number of old cases given reinforcing doses	2,608	2,542	2,538
Number of Schick Tests	87	98	16

Infectious Diseases. The numbers of cases of infectious diseases in school children notified in 1955 and the two previous years are as follows:—

CASES OF INFECTIOUS DISEASES NOTIFIED IN SCHOOL CHILDREN			
	1955	1954	1953
Diphtheria	3	4	7
Scarlet Fever	77	74	246
Tuberculosis	32	36	28
Poliomyelitis	8	15	6
Measles	2,231	16	2,509
Whooping Cough	114	138	428

There were no serious outbreaks of notifiable infectious disease at any school, but three Primary Schools were visited where several successive cases of scarlet fever had occurred in the same classes to ascertain the source of infection.

Reference has been made above, in the section on Mass Radiography, to cases of tuberculosis in four Secondary Schools.

Measles reached its peak in the second month of June 1955, when 682 children were absent from school on account of it. This

compares with a peak in the second week of February 1953, with 739 children absent, and in the third week of March 1951, with 939 children absent.

Whooping cough cases occurred throughout 1955, although there were more cases between January and July than in the remainder of the year.

Among non-notifiable infectious diseases, mumps reached a peak in the first week of April 1955, when 297 children were absent from school on this account. The previous outbreak of mumps occurred in the third week of March 1952, with 789 children absent. One Primary Infant School with more than the average number of cases of mumps was visited in 1955 for missed cases, as also was another Primary School with cases of chicken pox, although there were less cases of chicken pox in school children during 1955 than in either 1954 or 1953.

Maker Camp. The general medical and nursing arrangements for the school camp in 1955 were the same as in 1954. One school nurse was always in residence, whilst the camp was in use, for the treatment of minor ailments, accidents and emergencies and supervision of the hygienic conditions of the camp.

During 1955 the camp was in use from the 29th April, for organised parties of children from the Authority's Primary and Secondary Schools, for twelve weeks during the Summer Term, and for organised parties from other Authorities for five weeks during the Summer Vacation, closing on the 1st September. A total of 2,814 children from the Authority's schools and 491 children from other Authorities were accommodated during these periods.

The health of the children whilst at the camp was satisfactory, as also were the general hygienic conditions of the camp. The numbers of treatments for minor ailments, etc., given by the nurses in 1955 and the two previous years are:—

NUMBER OF TREATMENTS FOR MINOR AILMENTS, ETC., AT THE SCHOOL CAMP

1955	...	...	...	...	1,792
1954	...	...	...	...	2,284
1953	...	...	...	...	1,642

**National Survey
of the Health
and
Development
of Children.**

During 1955, the homes of the 18 Plymouth children still included in this survey were visited by the school nurses for the completion of comprehensive questionnaires for the survey committee. The nurses also visited the children's schools regarding their school absence records which again were specially kept by their teachers for the committee during the year.

**Children's
Homes.**

There were no changes during 1955 in the general medical and nursing arrangements in force at the end of 1954 for the various Children's Homes in the City and the Authority's Boarding Home for Educationally Subnormal boys. All the Homes were found to be satisfactory on each occasion they were visited.

The following are the figures for medical inspections of children carried out at the Homes during 1955 and the two previous years:—

NUMBERS OF MEDICAL INSPECTIONS OF CHILDREN AT CHILDREN'S HOMES

1955	...	...	...	...	1,042
1954	...	...	...	...	1,072
1953	...	...	...	...	651

**Food Handlers,
Meals and Milk.**

The arrangements for the annual medical inspection and X-ray of chest for all staff of the School Meals Service were continued during 1955, together with the medical inspection, X-ray of chest and Widal Testing of all new entrants to that service.

No matters of medical importance in connection with the provision of school meals and milk were reported during the year and there were no changes in the arrangements for the supervision of the milk supply, school kitchens, etc., during the year.

The numbers of School Meals Service staff medically inspected during 1955 and the two previous years are:—

NUMBERS OF SCHOOL MEALS SERVICE STAFF MEDICALLY INSPECTED

1955	...	...	...	...	329
1954	...	...	...	...	416
1953	...	...	...	...	335

The numbers and percentages of children taking meals and milk on a day in October 1955, with comparable figures for the two previous years are:—

NUMBERS OF CHILDREN TAKING DINNERS AND MILK AT SCHOOLS

	<i>Children present in schools</i>	<i>Children taking dinners at school</i>	<i>Percentage taking dinners at school</i>	<i>Children taking milk at school</i>	<i>Percentage taking milk at school</i>
October, 1955	29,995	7,996	26.7%	26,063	86.9%
October, 1954	29,470	6,981	23.7%	25,584	86.8%
October, 1953	28,758	6,562	22.8%	23,065	80.2%

In December 1955 the daily average of children taking dinners at school was 8,464 compared with 7,058 in December 1954 and 6,448 in December 1953. The increase in the numbers of children taking dinners probably is related to the larger percentage of dinners prepared, cooked and served on the premises of schools, which are more satisfactory than those prepared and cooked at Central Kitchens and transported in containers to schools. The percentage of dinners cooked and served on the premises of schools rose from approximately 65% in 1953 to approximately 73% in 1955. Almost all the children attending the Primary and Secondary Modern Schools in the City live within walking distance of their schools and the dinner break throughout the year is long enough to enable them to go home to dinner. At the Selective Secondary and Special Schools few of the children live within walking distance but some go home to dinner by bus, cycle, etc.

The percentage of children supplied with dinners free of cost was 15.7% of the total taking dinners at school in October 1955. Others were provided with dinners for a reduced payment.

Reference has been made at the beginning of this report to the efforts made to persuade the parents of the small number of children found to be in poor general condition (0.4% of those medically inspected at school) to let them have dinners and milk at school.

Entrants to Training Colleges for Teachers.

There were no changes in the arrangements for the medical examination of candidates for Training Colleges for Teachers, or of entrants to the teaching profession, during 1955 but the number examined

in 1955 was considerably greater and almost double the number examined in 1954 and 1953. The following are the figures for 1955 and the two previous years:—

NUMBERS OF CANDIDATES FOR TRAINING COLLEGES FOR TEACHERS AND
ENTRANTS TO THE TEACHING PROFESSION MEDICALLY EXAMINED

				<i>Candidates for Training Colleges for Teachers</i>	<i>Entrants to the Teaching Profession</i>
1955	...	...	...	151	5
1954	...	...	...	79	2
1953	...	...	...	75	1

Conclusion. I would like to record my appreciation of the work of the professional and clerical staffs of the School Health Service during 1955, of the co-operation of the Director of Education and his clerical and teaching staff, and of the help and consideration of the Chairmen and members of the Education Special Services Sub-Committee and the Education Committee throughout the year.

TABLE 1A.—NUMBERS OF PERIODIC MEDICAL INSPECTIONS

Entrants to Primary Schools	3,731
7-8 years Age Group	3,471
9-10 years Age Group	4,436
12-13 years Age Group	2,566
Leavers at Secondary Schools	2,168
Pupils at Special Schools	314
TOTAL	16,686

TABLE 1B.—NUMBERS OF OTHER MEDICAL INSPECTIONS

Number of Special Inspections	6,220
Number of Re-inspections	2,251
TOTAL	8,471

TABLE 1C.—NUMBERS OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTIONS TO REQUIRE TREATMENT (EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN AND INCLUDING PUPILS ALREADY UNDER TREATMENT).

(1)	(2)	(3)	(4)	(5)	(6)	(7)
<i>Group</i>	<i>For defective vision (excluding squint)</i>	<i>For any of the other conditions recorded in Table 2A.</i>	<i>Total individual pupils</i>	<i>Percentage requiring treatment for defective vision (excluding squint)</i>	<i>Percentage requiring treatment for all other conditions</i>	<i>Percentage requiring treatment for all defects</i>
Entrants to Primary Schools	139	678	769	3.72	18.17	20.61
7-8 Age Group	162	589	719	4.66	16.96	20.71
9-10 Age Group	332	738	995	7.48	16.63	22.43
12-13 Age Group	290	489	722	11.30	19.05	28.13
Leavers at Secondary Schools	199	327	493	9.13	15.08	22.73
Pupils at Special Schools	28	54	74	8.91	17.20	23.56
Total	1150	2875	3772	6.88	17.20	22.60

TABLE 2A.--No. of Defects Found by Medical Inspection

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS														SPECIAL INSPECTIONS	
		No. of Defects														No. of Defects	
		Entrants to Primary Schools		7-8 Age Group		9-10 Age Group		12-13 Age Group		Leavers at Secondary Schools		Pupils at Special Schools		TOTALS		T.	O.
		T.	O.	T.	O.	T.	O.	T.	O.	T.	O.	T.	O.	T.	O.		
4	Skin	64	25	49	11	83	14	86	17	77	5	5	—	364	72	585	16
5	Eyes—																
	(a) Vision	139	242	162	176	332	217	290	165	199	145	28	34	1150	979	376	93
	(b) Squint	90	15	77	43	82	34	44	18	24	11	5	10	322	131	46	9
	(c) Other	23	7	32	9	26	19	22	11	15	15	2	—	120	61	160	6
6	Ears—																
	(a) Hearing	11	34	20	40	17	38	6	20	4	11	3	34	61	177	15	28
	(b) Otitis Media	23	37	17	33	36	33	19	8	7	18	9	5	111	134	77	9
	(c) Other	16	11	20	4	11	13	12	3	8	2	3	4	70	37	102	1
7	Nose or Throat	221	185	142	96	114	83	58	32	32	10	7	9	574	415	127	12
8	Speech	32	34	18	13	23	13	5	6	2	5	3	35	83	106	52	10
9	Cervical Glands	9	120	2	89	8	32	3	12	3	2	—	1	25	256	15	3
10	Heart and Circulation	—	31	3	21	7	45	5	29	3	31	—	9	18	166	3	12
11	Lungs	12	96	26	96	33	104	35	55	17	51	1	10	124	412	83	13
12	Developmental—																
	(a) Hernia	10	9	7	2	9	10	1	3	2	1	2	—	31	25	1	—
	(b) Other	6	39	7	55	12	101	14	24	5	3	3	12	47	234	2	3
13	Orthopaedic—																
	(a) Posture	22	30	54	36	94	32	74	16	39	4	3	3	286	121	7	1
	(b) Flat foot	53	30	51	20	88	36	32	9	40	9	6	7	270	111	5	1
	(c) Other	46	71	65	33	62	60	40	28	34	17	5	5	252	214	81	8
14	Nervous System—																
	(a) Epilepsy	6	6	10	3	8	2	4	4	6	1	2	5	36	21	14	1
	(b) Other	1	4	1	3	2	7	2	5	2	3	—	1	8	23	1	2
15	Psychological—																
	(a) Development	2	13	7	16	2	25	1	6	—	2	—	285	12	347	—	1
	(b) Stability	15	52	19	30	32	48	25	18	7	6	—	4	98	158	31	14
16	Other	59	42	53	64	83	53	84	32	6	10	3	—	288	201	871	45
	TOTALS	860	1133	842	893	1164	1019	862	521	532	362	90	473	4350	4401	2654	288
	Total defects per 1,000 pupils inspected	230.5	303.6	242.5	257.2	262.3	229.7	335.9	203	245.3	166.9	286.6	150.6	260.7	263.7	739.4	80.2

T=Requiring treatment.

O=Requiring to be kept under observation but not requiring treatment.

TABLE 2B—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS
INSPECTED DURING THE YEAR IN THE AGE GROUPS

	<i>Number of pupils inspected</i>	<i>A (Good)</i>		<i>B (Fair)</i>		<i>C (Poor)</i>	
		<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
Entrants to Primary Schools	3,731	1,893	50.73	1,818	48.72	20	0.53
7-8 Age Group	3,471	1,621	46.70	1,833	52.8	17	0.49
9-10 Age Group	4,436	2,061	46.46	2,359	53.17	16	0.36
12-13 Age Group	2,566	1,166	45.44	1,392	54.24	8	0.31
Leavers at Secondary Schools	2,168	1,116	51.47	1,050	48.43	2	0.09
Pupils at Special Schools ...	314	112	35.66	198	63.05	4	1.27
TOTALS	16,686	7,969	47.75	8,650	51.83	67	0.40

TABLE 3—INFESTATION WITH VERMIN

(1) Total number of examinations in the schools by the school nurses	213,720
(2) Total number of <i>individual</i> pupils found to be infested ...	728
(3) Number of individual pupils in respect of whom cleansing notices were issued (Sec. 54 (2), Education Act, 1944) ...	Nil
(4) Number of individual pupils in respect of whom cleansing orders were issued (Sec. 54 (3), Education Act, 1944) ...	Nil

TABLE 4—TREATMENT OF PUPILS

GROUP 1.—DISEASES OF THE SKIN (excluding uncleanliness, for which see
Table 3).

				<i>Number of cases treated or under treatment during the year</i>	
				<i>By the Authority</i>	<i>Otherwise</i>
Ringworm—(i) Scalp	...	...	...	—	—
(ii) Body	...	...	...	26	—
Scabies ... ..	...	...	...	42	—
Impetigo ... ..	...	...	...	208	—
Other skin diseases ...	...	...	...	568	—
<i>Total</i>				844	—

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

					<i>Number of cases dealt with</i>	
					<i>By the Authority</i>	<i>Otherwise</i>
External and other, excluding errors of refraction and squint					259	14
Errors of refraction (including squint) ...					—	1633
<i>Total</i> ...					259	1647

Number of pupils for whom spectacles were :

(a) Prescribed	—	1196
(b) Obtained	—	1037

GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

					<i>Number of cases treated</i>	
					<i>By the Authority</i>	<i>Otherwise</i>
Received operative treatment :						
(a) for diseases of the ear					—	1
(b) for adenoids and chronic tonsillitis ...					—	52
(c) for other nose and throat conditions					—	6
Received other forms of treatment ...					298	2
<i>Total</i> ...					298	61

GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

					<i>By the Authority</i>	<i>Otherwise</i>
(a) Number treated as in-patients in hospitals					—	86
(b) Number treated otherwise, e.g. in clinics or out-patient departments					—	233

GROUP 5.—CHILD GUIDANCE TREATMENT.

					<i>Number of cases treated</i>	
					<i>In the Authority's Child Guidance Clinics</i>	<i>Elsewhere</i>
Number of pupils treated at Child Guidance Clinics					224	—

GROUP 6.—SPEECH THERAPY.

					<i>Number of cases treated</i>	
					<i>By the Authority</i>	<i>Otherwise</i>
Number of pupils treated by Speech Therapists					206	—

GROUP 7.—OTHER TREATMENT GIVEN.

					<i>Number of cases treated</i>	
					<i>By the Authority</i>	<i>Otherwise</i>
(a) Miscellaneous minor ailments ...					8017	—
(b) Other than (a)						
Ultra-Violet Light					469	—
<i>Total</i> ...					8486	—

TABLE 5—DENTAL INSPECTION AND TREATMENT CARRIED OUT BY
THE AUTHORITY

(1) Number of pupils inspected by the Authority's Dental Officers :									
(a)	Periodic	...	...	...	...	...	...	29,302
(b)	Specials	...	...	...	...	...	...	2,807
Total (1)								32,109	
<hr/>									
(2)	Number found to require treatment				...	...	...	19,635
(3)	Number offered treatment				...	...	...	13,191
(4)	Number actually treated				...	...	...	5,550
(5)	Attendances made by pupils for treatment				...	...	...	13,344
<hr/>									
(6)	Half-days devoted to :		Inspection	...	...	...	...	244
			Treatment	...	...	...	...	2,069
Total (6)								2,313	
<hr/>									
(7)	Fillings :	Permanent Teeth	...	...	...	...	...	8,827
		Temporary Teeth	...	...	...	...	...	279
Total (7)								9,106	
<hr/>									
(8)	Number of teeth filled :		Permanent Teeth	...	...	...	...	7,666
			Temporary Teeth	...	...	...	...	276
Total (8)								7,942	
<hr/>									
(9)	Extractions :	Permanent Teeth	...	...	...	...	...	1,986
		Temporary Teeth	...	...	...	...	...	6,400
Total (9)								8,386	
<hr/>									
(10)	Administration of general anaesthetics for extractions							...	3,324
(11)	Other operations :		Permanent Teeth	3,696	
			Temporary Teeth	432	
Total (11)								4,128	

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